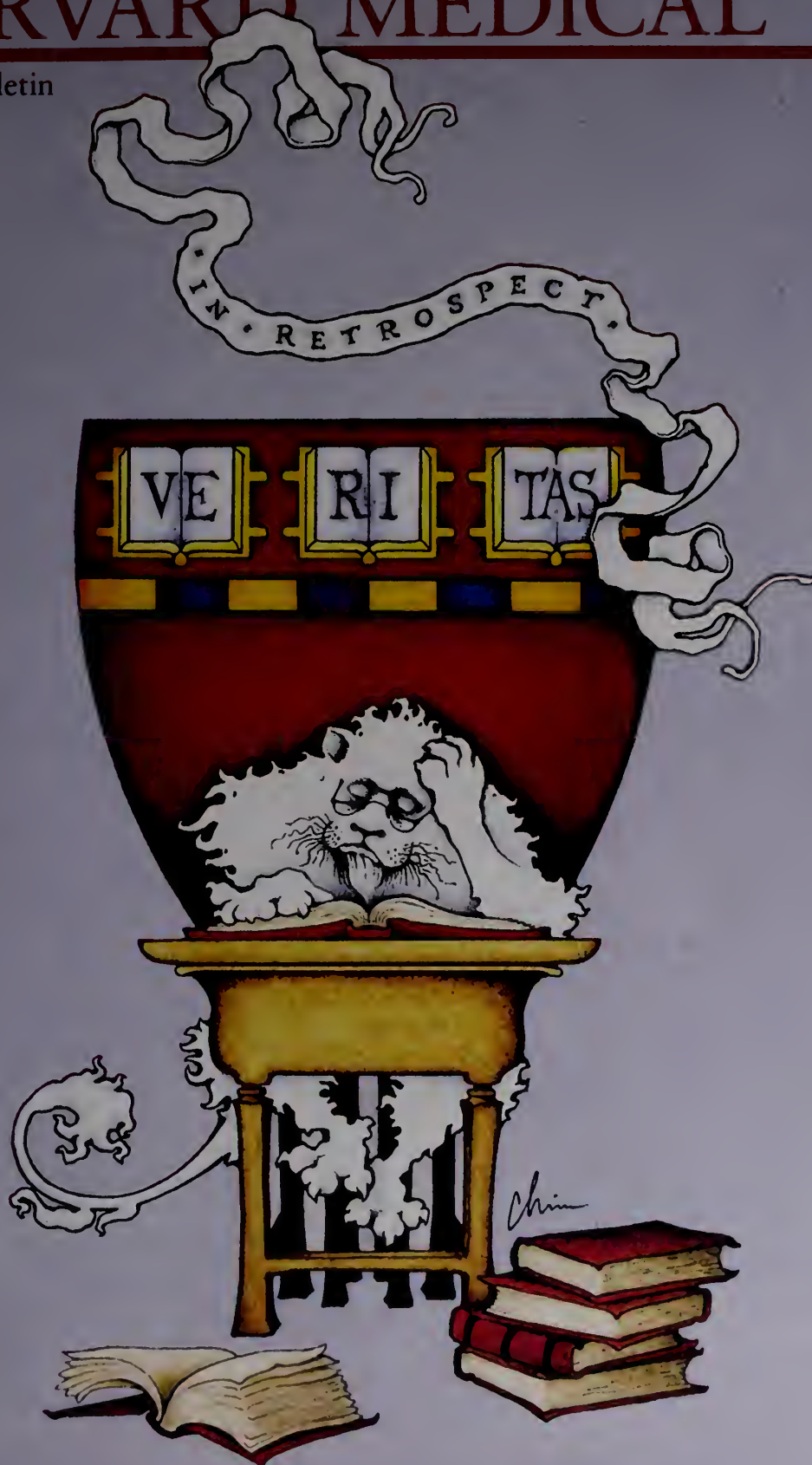


HARVARD MEDICAL

Alumni Bulletin
Spring 1981



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HARVARD MEDICAL

Alumni Bulletin

Spring 1981
volume 55 number 2

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LETTERS



Who was the man on our December cover (above, center)? In the letters below, physiognomists in the Class of 1935 make a convincing case for John P. ("Jake") Cowin (above, left). Charles Best appears (above, right) in the photo mentioned by Dr. Evans.

Best Laid Plans?

"Canada's Best," Mary Sunday's account of the discovery of insulin, has delighted me. I recall the portrait opposite the entranceway into the Common Room of Vanderbilt Hall. I had always thought the subject was a young Harvard physician killed in World War I. Now I know his true identity.

The discovery of insulin was epochal — not only for diabetics, but also for medicine. Insulin, along with liver extract in the 1920s, established the medical concept that disease could be scientifically treated. Prior to this, Osler and his contemporaries had properly destroyed the myths that plagued medicine in the late nineteenth century such as bleeding, purging, herbal therapy, and other nos-

trums, but had created a nihilism of all therapy. Diagnosis and prognosis were paramount. The isolation and use of insulin changed all of that.

Although Sunday aptly describes previous efforts to isolate insulin and their failure, she does not comment on why they might have failed while Banting and Best succeeded. She mentions the Duboscq colorimeter that aided Best but she does not mention that Otto Folin and Hsien Wu of HMS described a quantitative method for the measurement of blood sugar that was vastly superior to any previous method. Small quantities of blood (1-2 cc of blood filtrate) could be used with great accuracy.

The procedure is explained in the *Journal of Biological Chemistry* in 1919 (Vol. 38, pp. 81-110). This brief article describes methods for the measurement of non-protein nitrogen, urea, creatinine, creatine, and uric acid, as well as sugar. Similar contributions to our knowledge today would be reported in perhaps twenty papers, or at least a monograph.

Perhaps it was the use of this method in the experiments done by Banting and Best that prevented either over- or under-dosing of insulin in animals and allowed them to survive. In addition to Joslin's and Minot's

"Boston collaboration," that of Folin and Wu deserves mention. I maintain, as others before me have, that Folin and Wu deserved a part of the Nobel prize. Perhaps plus or minus 5 percent — the milligram-accuracy range for their detection of blood sugar.

Sunday says that when Macleod asked for volunteers from among his physiology students, "Best, newly graduated, rushed forward." I met Best at Columbia in 1938. His interest at that time was in heparin, and Erwin Chargass and I had recently described the interaction of protamine and heparin. On this visit Best was asked how he had become interested in working with Banting and he replied, "Dr. Macleod told the three of us who were physiology students that one of us would have to work with Dr. Banting and do the blood sugars. We flipped a coin and I lost." The story could be apocryphal.

Kenneth B. Olson '33

I have just received the December 1980 *Bulletin* and read with interest your comment on page 1 about the portrait on the cover.

I do not think it is Charlie Best, and am almost certain it is of a student named Cowin who came to HMS from Harvard College where I knew him in

The editors welcome letters from readers, particularly in regard to articles published recently in the Harvard Medical Alumni Bulletin. Letters should be brief, double spaced, submitted in duplicate, and marked "for publication." Not all letters can be used; those accepted will become the property of the HMAB and may be edited, although we are unable to provide pre-publication proofs.

the Harvard University Instrumental Club. His first name could have been James but I am not certain. He was a very attractive and bright person. I cannot recall his class (maybe between 1935-1940), but he was readily admitted, and died while in medical school to the great sorrow of all who knew him.

I remember when his portrait was hung in Vanderbilt, but have not had occasion to think of him for these many years and I could be inaccurate. I would not settle on Charlie Best, however, unless my sagging memory can be proven entirely wrong.

Donald C. Gates '32

Along with a couple of Valentines yesterday came the current number of the *Harvard Medical Alumni Bulletin*. Its cover had a familiar look, with its beautiful color reproduction of the portrait from Vanderbilt Hall; but I question the attribution to Dr. Charles Best. Your *Bulletin* indicates that even Mary Sunday is not certain. Hence I write to offer some information that may or may not be pertinent.

It is my recollection (hazardous!) that the portrait, so long in Vanderbilt Hall, is of John P. Cowin, a member of our Class of 1935 who died in August 1933, halfway through the school. If I am not mistaken, the picture used to have an identification label.

A few points worth mentioning: The subject in the portrait has hair parted on the left, as did our classmate, pictured on Page 55 of our 1935 *Aesculapiad*. In both photos in the *Bulletin* of the young Dr. Best, his part was on the right. (In the third photo he was bald!)

In 1939 I served as Dr. Blackfan's exchange resident for six weeks at the Hospital for Sick Children in Toronto and my counterpart came to the Boston Children's. During my "foreign" visit, I became acquainted with Dr. Best. He had a marvelously engaging personality and was fun to be with. Offhand I would guess that he would not have been painted wearing a tie clip, vest, or a gold watch chain! He was a genuine, homespun, uncomplicated man from West Pembroke, Maine.

I am looking forward to Chapter Two in what I hope you will agree is somewhat of a mystery.

David H. Clement '35

I very much enjoyed Mary Sunday's article on "Canada's Best," but I still have a nagging feeling about that portrait on the cover of the *Bulletin*. As a student at HMS from 1954-58, I saw it a number of times and was under the impression that it was someone other than Best. From the pictures in the article, it looks as though Best parts his hair on the opposite side and has a different ear structure. I thought I recalled that the portrait was of a brilliant young instructor at the Medical School who died at an early age.

One other point which comes up is that during my years at HMS, there was an instructor in biochemistry doing the same type of work as Banting and Best. Unfortunately, his name eludes me. He had apparently reached the same conclusions at the same time but had not published when they did, and seems to have become a footnote to history.

Barton A. Brown '58

Mary Sunday's article in the December *Bulletin* was delightful and I think quite accurate. It is my belief that the portrait in the Common Room is that of Charles Best.

When Dr. Banting presented the data at Yale in December 1921, I happened to be sitting immediately in front of Best and was greatly impressed by his modesty when he heard Dr. Frank Allen's compliment of the report.

Several times afterward I had the pleasure of meeting him; the most impressive was when he spoke about the late Dr. Howard Root at the New England Deaconess Hospital a few years ago.

Albert A. Horner '11

Ms. Mary Sunday's delightful bit on Charles Best brought back memories of the dedication of the Common Room at which I, along with many other students, was privileged to be present. There is no doubt in my mind that the portrait is indeed that of Charles Best; any doubt would be dispelled by comparing it with a picture appearing in an article entitled, "Insulin," by Barrie Pitt in the April-May 1981 issue of *British Heritage*. The story has been told — and I think it is valid — that the unknown investigator [Dr. Banting], recently arrived in London, Ontario, requested an assistant, and

Best was one of two students available. The assignment did not look attractive and Best lost the toss!

Joseph P. Evans '29

I was shocked, as were my classmates, to see the handsome portrait of our friend Jake Cowin on the cover of the December edition of the *Bulletin* mislabelled as that of Dr. Charles Best. Jake died in 1933 and his mother gave the portrait to the School.

Mary E. Sunday could not be expected to know the difference, but former editor Richardson who countenanced this misidentification certainly knew that anyone who looked so distinguished could only have been a member of the Class of '35. The proprietors of Vanderbilt Hall are of course responsible for the portrait not being appropriately labelled on the back, but it is a boisterous and bawdy place which I avoided frequenting as an undergraduate and I am not at all surprised at the original nameplate being lost.

There are three pictures of Dr. Best in the article. The one on page 12 was taken when he was about the same age as Jake was when his portrait was painted. Close scrutiny of these photographs would clearly establish that the portrait was not of Dr. Best. The latter had an aquiline nose; Jake's was straight. As seen in the picture on page 14, Dr. Best's ears are attached to his head without lobes; Jake had earlobes. Also, Dr. Best's hair was dark; Jake's was a wavy light brown and parted on the left. In the picture on page 11 Dr. Best's was parted in the middle, in the one on page 12 it was parted on the right and brushed quite flat, in the one on page 14 it was again parted in the middle, but this time with a somewhat wider part as best suits an older man.

My classmates are outraged by Editor Richardson's unseemly practical joke. I presume he has skipped town, and therefore I demand that you write a complete explanation and an abject apology in the next issue of your rag. Our class will not be in town again until our 50th reunion in 1985; but at that time if Editor Richardson has sneaked back and Ms. Sunday is still about, we will be glad to ride them out on a rail, suitably clad in tar and feathers.

Lamar Soutter '35

George Richardson replies:

Lamar Soutter '35 is clearly an excellent physiognomist. Archivists at HMS and its allied hospitals, even those of the Iconographic Collection of the Boston Medical Library, should take note, and avail themselves of his talents in stemming the rising tide of unlabeled portraits. A shame that a portrait of Charles H. Best does not indeed hang in the Charles H. Best Room. After all, a portrait of Lamar Soutter '35 does hang in the Lamar Soutter Library at the University of Massachusetts Medical School. Perish the thought that his portrait, so unmistakable in its physiognomy, might one day be attributed to some Nobelist as yet unnamed!

Since reading Dr. Soutter's peevish epistle, I have oscillated between (1) challenging him to a duel and (2) eating crow. (I am not game for being tarred and feathered.) Out of deference to his lovely wife, I have elected to eat crow. *Mea culpa! Mea gravissima culpa!*

But at least we now know who the handsome young subject of the portrait in the Charles H. Best Room is. My sincerest regrets to the Cowin family; I hope that appropriate labeling will soon be forthcoming.

Mary Sunday replies:

Alas, in art history, just as in medical research, one runs the risk of making erroneous conclusions based on insufficient data! I hope that the Harvard Medical alumni community will show mercy and refrain from tarring and feathering Dr. Richardson and myself for tentatively identifying the portrait of the young man in the Vanderbilt Hall Commons Room as Charles Best.

On the basis of considerable evidence from knowledgeable alumni, I am convinced that the portrait is of John P. Cowin, a member of the class of '35, and not Charley Best, as was suggested. That incorrect judgment was based on facial similarities between the portrait and old photographs of Dr. Best, as well as its strategic location under the only spotlight, opposite the doorway, of the "Charles Herbert Best Room." Although both Dr. Albert Hornor '11 and Dr. George Thorn tell me that they too noted similarities between Best and the mystery portrait, there are several

discrepancies that cannot be simply dismissed in the name of "artistic license."

First of all, I agree that the hairstyle, ear structure, and formal attire in the portrait differ significantly from Best's style; secondly, Mrs. Best now tells me that she has no recollection of a portrait of her husband in the Common Room, although she has vivid memories of the dedication ceremonies in the 1920s. Thanks to the communication network of the *Bulletin*, particularly the letters from Drs. Brown, Clement, Gates, Soutter, and Olson, another piece in this jigsaw puzzle of HMS history has been set in place.

It is of further note that, although the portrait is lacking a nameplate, someone has scrawled "Corwin" in chalk on the backside of the frame — which only goes to show that every clue may be important in solving any research or diagnostic dilemma.

Teaching in Alcoholism — More than 4-2-1

Dr. Blume's article (December 1980) on alcoholism was timely, informative, and inspirational. Her thoughtful comments on the disease concept were especially concise and helpful. In this vein, George Vaillant has expanded his long-term studies to populations less privileged than healthy Ivy League college students. The results support Dr. Blume's contention that alcoholism is not a symptom of another problem such as psychiatric illness, but rather a disease process with its own determinants and adverse psychological consequences. I agree that we will likely have as many "alcoholisms" as we have different types of diabetes (see page 15 of the article on Best in the same December issue), but the evidence is mounting that only a minority of persons with alcoholism (note the difference between "diabetic," as a noun, and "person with diabetes") drink because of emotional disturbances.

Fortunately, HMS students do not have to belong to Dr. Pursch's "four-two-one club." A faculty psychiatrist at HMS, Dr. Margaret Bean, has been appointed a NIAAA career teacher in alcoholism and substance abuse at

HMS. Her problems in getting the support of "Harvard Medical School" — in reality a network of independent, hospital-based departments of psychiatry, medicine, pediatrics, etc. — were enormous, only to be exceeded by the difficulty of producing a unified, planned curricular change in both the basic science and clinical teaching units. We are lucky to have this dedicated, talented, and inspiring faculty member available for our students.

I have been involved with alcoholism teaching based at Cambridge Hospital since 1971. Introduction to clinical medicine students at MGH, Cambridge, BIH, and Mt. Auburn (120 HMS II's) last year received at least three hours of seminar teaching in alcoholism. A variety of elective experiences in addictions are available (and taken); and advanced medicine clerks at Cambridge received instruction in the treatment of alcoholism, as well as management of the familiar complications of the basic disease (perhaps a drop in the bucket for the nation's number one health problem, but definitely an improvement over the 4-2-1 club). I am convinced that one of the major problems in teaching in this area is that the cognitive data base is small, but the development of good interviewing/interpersonal communication skills requires a practical experience which can only be delivered in closely supervised, real patient care settings. The curricula must pay closer attention to the development of all doctors as practitioners of basic primary care skills, and the "art of medicine," then expand the knowledge base and application of therapeutic attitudes and communications skills to the care of patients with alcoholism, whether in the office of the surgeon, obstetrician, pediatrician, orthopedist, psychiatrist, or internist. Dr. Bean's support by NIAAA gives HMS the opportunity, and we have a small start in the right direction, but still a long way to go. I hope students and alumni will be vocally supportive of alcoholism teaching efforts in general, and Dr. Bean in particular.

William D. Clark '65
Assistant Professor of Medicine
Cambridge Hospital
Medical Director
Cambridge/Somerville Alcoholism Intervention Center



Jackson Professorship Goes to Potts

When Alexander Leaf became chief of medicine at the Massachusetts General Hospital, Lyndon Johnson was President of the United States and George Packer Berry had only recently turned the deanship of Harvard Medical School over to Robert Ebert. Now, some fifteen years later, John T. Potts, Jr. '57, head of the MGH endocrinology unit since 1968 and an international authority on calcium metabolism and the parathyroid hormone (PTH), has succeeded Leaf as James Jackson Professor of Clinical Medicine and chief of medicine at the MGH. Meanwhile, Leaf has become Ridley Watts Professor of Preventive Medicine and chairman of the new department of preventive medicine and clinical epidemiology. Thus one era draws to a close and another begins.

Michael Rosenblatt '73 has taken Potts's place at the head of the endocrinology unit, but Potts intends to remain as involved in parathyroid research as his new responsibilities permit. He admitted in a recent interview that he would be very disappointed if he couldn't keep active in that field. "But my job now is to lead the department of medicine," he said, "to keep things in trim in fiscal terms and happy and productive in human terms. The times demand flexibility and inventiveness."

In these belt-tightening times, Potts will have to decide which belts to pull up, and by how many notches. "For some time now, health care has cost society more than society wants to pay," he said. As an eminently successful researcher, Potts is particularly anxious to sustain what he calls "the delicate fabric of research," despite ever-declining levels of available funding. "The MGH has survived lean times because we work at it. But in this era even the best of units are threatened with having to reduce their scope. Patient care comes first. But if the staff has inadequate time for their research they may lose the opportunity to pursue it." There's the rub, of course, since continuing grant support demands high research productivity.

"In research," Potts continued, "it seems we're just not going to make it on government funds alone. I respect the complexities, but there are real possibilities in industrial sources. Private endowments are of course vital, as always."

Potts's involvement with parathyroid disease dates back to a paper he wrote while a student at the University of Pennsylvania. After medical school and a residency in internal medicine at the MGH, he went to the NIH, where he remained until 1968.

In that year, Potts and several members of his NIH team came to Boston, where Potts became HMS assistant professor of medicine and chief of endocrinology at the MGH. Their subsequent accomplishments have included: the isolation and elucidation of the chemical structure of Pacific coast salmon calcitonin, which has since been chemically synthesized and used in treatment of Paget's disease and other similar disorders; a report of the complete sequence of human PTH and the eventual synthesis of its active portion; the development of immunoassay specific for the detection of the hormone in the circulation of humans; the definition of the minimum structure necessary for expression of PTH action; the expression in an artificial system (extract of wheat germ oil) of RNA taken from parathyroid tissue; the discovery, isolation, and

elucidation of the structure of a PTH precursor, pre-proparathyroid hormone; and most recently, the nearly-completed sequencing of the coding portion of the human PTH gene.

Their new-found ability to systematically examine and regulate the production of PTH has enabled the Potts team to compare the events that occur in normal tissue with those in adenomas of the parathyroids, where normal controls are lost. This sort of clinical application of basic advances in research has long been a principal concern of the new James Jackson Clinical Professor; he is currently involved with the therapeutic trial of PTH and vitamin D in persons who suffer from osteoporosis. His studies have indicated that the condition may be reversible.

"Clinically," said Potts, "the MGH is a tertiary referral center; this function of the hospital is critical to our future, but we need to look at the general medical needs of the nearby neighborhoods. Our primary care program and our health stations in Chelsea, Charlestown, and elsewhere represent imaginative approaches to local medical needs." He plans to explore the impact of open-panel HMOs on future medical practice at the hospital, and to consider restructuring more of the hospital's clinics.

"The chairman of the department of medicine," he concluded, "has to be cognizant of the hospital's missions to take care of the sick, generate knowledge, and teach, and must do all that under many pressures. It is my hope to keep a high esprit as well."

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Gittes to Occupy Cutler Chair

At the Brigham and Women's Hospital, where the first successful human kidney transplant was performed in 1954, a new generation of physicians continues to uphold a proud tradition of innovative care and research. Notable among them is Ruben F. Gittes '60, chief of the division of the urology, who was recently appointed Elliott Carr Cutler Professor of Surgery at HMS.

Building on the Brigham's "excellent dialysis and transplantation capability," Gittes and his colleagues are attempting to perfect ways of saving kidneys — whether solitary or paired — by correcting problems in diseased or damaged organs. By means of a method called "bench surgery," the kidney is severed from its blood vessels, flushed with a cooled solution to prevent necrosis, and placed on a small surgical bench — all the while remaining attached to the patient by the ureter. Surgeons then remove the tumor or remedy the defect. If the pathologist certifies that all the diseased tissue has been removed, the kidney is returned to the patient using methods employed in organ transplantation.

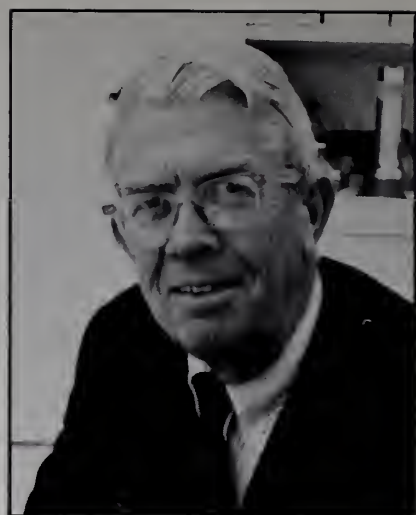
Gittes brought to the Brigham and Women's a new surgical procedure for the removal of "staghorns" (unusual kidney stone formations resembling antlers). The technique involves splitting the kidney from the back and opening it like a book, whereupon the staghorn can be broken into pieces and eased out of the chamber. He was also

a pioneer in the technique of ileo-cecal cystoplasty, in which the cecum is transplanted into the bladder cavity to serve as a replacement for bladders rendered nonfunctional by interstitial cystitis or tuberculosis.

Especially gratifying to Gittes and his associates are recent strides in the treatment of testicular cancer, a virulent carcinoma which often strikes young adults. The survival rate for men with this disease has climbed from 30 percent a decade ago to 90 percent today, largely because of improvements in surgery and the appropriate combinations of chemotherapeutic drugs.

Gittes's current research includes studies on tumors of the prostate, kidney, and bladder, as well as animal work on the dissolution and prevention of stones. In an effort to pinpoint the physiological substance which controls kidney growth, he transplanted extra kidneys into rats and found that the total kidney function of a rat with three or four kidneys was the same as that of a two-kidney sibling. As Gittes puts it: "The extra kidneys don't atrophy, they just loaf more. It's as if they turned their dials down to maintain a constant total function." He speculates that the kidney growth stimulant may be present in the blood normally but discarded in the urine until the kidneys are stressed, at which time it is allowed to build up and arouse the kidney. This characteristic of kidney function is a boon to surgeons since "it's very unusual for a solitary kidney to give up."

In another investigation, Gittes is attempting to find out why cancerous tumors often develop at the junction of the ureter and sigmoid colon in patients with this type of urinary diversion. He and his colleagues induced these tumors in rats and then performed colostomies to divert feces while allowing urine to flow through the sigmoid. They found the morbid combination to be urine with feces — not urine on bowel tissue — and went on to hypothesize that certain bacteria in feces convert substances in normal urine into carcinogens upon contact. If this is borne out, it might be possible to halt tumor growth by changing the diet to alter bowel flora. This study also served to confirm the safety of the ileo-cecal cystoplasty, in which pieces of bowel come into contact with urine.



Brooks is First Sawyer Professor

*He who's not been cut by Brooks
Lacks essential Harvard looks.*

— Wolfgang M. Freitag
Harvard Librarian

It is a rare surgeon indeed whose work inspires poetry, but the skill of John R. Brooks '43B caused at least one couplet to be composed in his honor. Well versed in the fields of surgical gastroenterology and endocrine transplantation, Brooks has been named the first Frank Sawyer Professor of Surgery at HMS. He is currently professor of surgery at the Brigham and Women's Hospital and chief of surgery at the Harvard University Health Service.

The professorship was endowed earlier this year by Mr. Sawyer, a Boston-born entrepreneur and co-chairman of World-Wide Avis Rent-a-Car System. It was his expressed wish that the chair's holder be a member of the department of surgery at the Brigham and Women's Hospital. The fund will also support research related to the professorship "in exploration in medicine and surgery for the benefit of mankind universally, and particularly with emphasis on eliminating suffering from gastrointestinal and related diseases."

In the late 1950s Brooks was a pioneer in the field of endocrine tissue transplantation, performing the first eight transplants of human pancreatic fragments for the treatment of diabetes. He subsequently turned his atten-

(continued on page 12)

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Public Interest Health Foundation Organized

It's a variation on an old saw: the rich get healthier, and the poor get — well, for instance, they get diseases like whooping cough, tuberculosis, typhus, the ones everyone else assumed had gone the way of the twenty-five-cent gallon of gas. In this country the chronic disability and mortality rates of people at the low end of the income scale are at least twice as high as for those who live above the poverty level. The infant mortality rate among the indigent here is no better than for the average Haitian, although per capita income in the United States is forty times what it is in Haiti. While the poor have the greatest need for health care, they have the least access to it. Medicaid covers only about half of those who otherwise could not afford to pay for their medical care, while the services covered continue to be cut. Moreover, Medicaid has not been included in President Reagan's budgetary safety net for the "truly needy"; and in early March the Robert Wood Johnson Foundation, the nation's largest private health-care philanthropy, announced that it was shifting its emphasis away from ensuring broad accessibility to care.

Despite progress made over the last twenty years, the health care situation for the poor has never been good, and now, with wide-ranging federal budget cuts and, in Massachusetts, the implementation of Proposition 2½, things are certain to get worse before they get better. David Orentlicher '81 had begun to organize the Public Interest Health Foundation before the general election; the results on November 4 only underscored the need for an organization that would, as Orentlicher proposed, "directly support the provision of health care for individuals and groups currently underserved." The membership-controlled, nonprofit corporation is presently soliciting members from among Harvard Medical students, faculty, and alumnae.

In a recent study, the Brookings Institute found that neighborhood health centers have been able to increase access to health care and to improve the health of the poor. These clinics have also acted as centers for

community economic development and have contributed to the social, economic, and political advancement of minorities. Such health centers now serve only six percent of the twenty-five million low-income Americans; the success of the centers, however, is one reason why Orentlicher and the other directors of the Public Interest Health Foundation believe their efforts can have a positive effect.

According to Michelle Holmes '81-82, the Foundation's president, prospective members will be asked to pledge a small portion of their incomes to the foundation, which will use this money to sponsor projects in the public interest. When members fill out their pledge cards they will have the opportunity to suggest possible targets for foundation funding. Grant proposals will then be solicited, and after the application deadline of November 1, 1981, the board of directors will hold an open meeting to discuss the most likely prospects. A final vote will be taken by the board, which will subsequently inform the membership of their choices. Proposals for projects in which medical students or alumnae could take an active part will be given preference. Organizations that receive funding will be expected to submit quarterly progress reports. Orentlicher and Holmes envision foundation support for efforts that would, for example, improve the delivery of home health care to the elderly, so that they might spend less time in nursing homes and hospitals and more time in their own homes. Or, since inadequate prenatal care for teenaged mothers-to-be is recognized as the leading cause of infant mortality in the United States, the foundation might fund a proposal to encourage prenatal care among pregnant adolescents through an outreach program.

The first board of directors of the Public Interest Health Foundation includes: Orentlicher, who will begin a medical internship this summer at the University of Michigan Affiliated Hospitals; Jerry Avorn '74, HMS assistant professor of social medicine and health policy and one of the early faculty advisors of the foundation; J. Emilio Carrillo '76, M.P.H., HMS instructor in medicine and editor-in-

chief, *Journal of Latin Community Health*; the Hon. Robert F. Drinan, S. J., visiting professor of law, Georgetown University Law School, and former U.S. Congressman from Massachusetts; Henri Ford '84; Peter Slavin '84; Mitchell W. Spellman, M.D., Ph.D., HMS Dean for Medical Services; John D. Stoeckle '47, HMS associate professor of medicine and director of the primary care program at the Massachusetts General Hospital; and Sidney M. Wolfe, M.D., director of the Health Research Group. Holmes will serve as president of the foundation during the coming year; Lydia Rios '82 and Linda Rabinowitz '82, respectively, are the treasurer and secretary.

Those who wish to become members of the Public Interest Health Foundation are asked to make a commitment of ½ percent of their income (for those making less than \$40,000), or one percent (for those making more than \$40,000); a minimum of \$100 is required, although students may join by pledging \$20. All contributions will be tax deductible and should be sent to the Public Interest Health Foundation, Box 167, 107 Avenue Louis Pasteur, Boston, Massachusetts 02115.

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The Class of '81: Where Do They Go From Here?

March 18, 1981. The faces were familiar and so was the food. But as this year's graduating class assembled for a buffet lunch in the Waterhouse Room — one of the last times they would celebrate en masse — it was a special day in the life of medical students at HMS and throughout the country.

All but nine of the class's 170 members had participated in the National Residency Match Program, and for 97 of them (an HMS record), it was a perfect Match. Another 23 students received their second choice.

Some recurring patterns and some new developments surfaced this year. True to form, a large number of HMS students elected to remain on home turf. Harvard teaching hospitals garnered 60 members of the graduating class, while 8 will train elsewhere in Massachusetts. The next largest segment leans westward, with 27 HMS grads California-bound. New York hospitals will claim 17 and Pennsylvania 9.

Once again, medicine was the overwhelming specialty choice — for 70 students or 41 percent of the class. Other figures: Surgery, 29 students; Pediatrics, 24; Primary Care, 11; Psychiatry, 9; and Family Practice, 8.

Six ObGyn slots were filled by members of the class of '81, "a radical departure from recent trends," according to Curtis Prout '41, Chairman of the Internship Advisory Committee. "Interest in ObGyn had declined to the point that students could almost name their residency," Prout noted. "This year, for some reason, there was a wave of interest."

Now that the Match has been struck, the class of '81 will flare out like this:

Scott T. Aaronson
McLean Hospital
Psychiatry

Nelson L. Adamson
Harlem Hospital
Flexible

James B. Aguayo
Beth Israel Hospital
Medicine

Susan M. Allan
George Washington University
Surgery

Claudia M. Alleyne
Children's Hospital Medical Center
Pediatrics

Dale M. Apodaca
Pennsylvania Hospital, Philadelphia
Radiology

Cathleen N. Bairey
University of California, San Francisco
Medicine

Edward S. Bessman
University of Maryland, Baltimore
Medicine

Jonathan Braun
Brigham & Women's Hospital
Pathology

Roger Breitbart
Children's Hospital Medical Center
Pediatrics

Daniel J. Bressler
Beth Israel Hospital
Medicine

James D. Bristow
University of California, San Francisco
Pediatrics

Betsy A. Brooks
Johns Hopkins Hospital
Pediatrics

David J. Bryan
Massachusetts General Hospital
Surgery

Cathy A. Burnweit
Brigham & Women's Hospital
Surgery

Anthony E. Caceres
Illinois Masonic Medical Center, Chicago
Primary Care

Gerry R. Campos
Beth Israel Hospital
Ob Gyn

Nicholas A. Cataldo
Miriam Hospital, Providence
Medicine

Alisa Chaklai
New York Hospital
Surgery

Yu-Lam Chiu
University of Chicago Hospitals
Medicine

Lawrence P. Chong
Los Angeles County-Harbor UCLA
Medicine

Walter Clair
Brigham & Women's Hospital
Medicine

Nancy E. Cochran
University of Washington, Seattle
Primary Care

Patricia L. Cole
Brigham & Women's Hospital
Medicine

Gary W. Crooks
University of Pennsylvania Hospital
Medicine

Perry J. Culver
Beth Israel Hospital
Medicine

Anna G. Daniel
Virginia Mason Hospital, Seattle
Surgery

Effie L. Davenport
Cambridge Hospital
Flexible

Imani Davis
Grady Memorial Hospital, Atlanta
Medicine

Jose E. DeJesus
Case Western Reserve
Family Practice

Margo A. Denke
Brigham & Women's Hospital
Medicine

Mark R. Desnoyers
New England Medical Center
Medicine

Robert Duran
Brockton, Waltham, BWH
Medicine

Marlene L. Durand
Massachusetts General Hospital
Medicine

Kenneth W. Eckmann
Massachusetts General Hospital
Medicine

David M. Eisenberg
UCLA Hospital & Clinics
Primary Care

William D. Emper
Pennsylvania Hospital, Philadelphia
Surgery

Jane Iris R. Farhi
Mount Sinai Hospital, New York
Medicine

Frederick Fiedorek
Barnes Hospital Group, St. Louis
Medicine

Elliott S. Fisher
University of Washington, Seattle
Primary Care

Frank B. Fisher
McAuley Neuropsychiatric Institute,
San Francisco
Psychiatry

Chin To Fong
St. Louis Children's Hospital
Pediatrics

John S. Foster
Medical College of Pennsylvania,
Philadelphia
Emergency Medicine

Karin L. Gaensler
University of California, San Francisco
Medicine

Lillian Gelberg
Montefiore Hospital, Bronx
Family Practice

H. John Gerhard
Naval Regional Medical Center, San Diego
Surgery

John M. Glotzer
University of Texas, Dallas
Surgery

Mark A. Goldberg
Brigham & Women's Hospital
Medicine

Stephen M. Grant
George Washington University
Medicine

Martha M. Greenwood
Beth Israel Hospital
Medicine

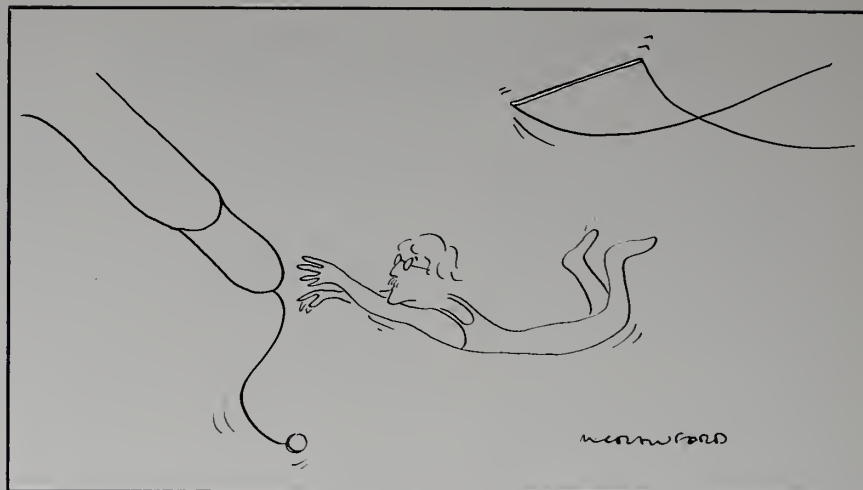
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Massachusetts General Hospital
Radiology

Marshall Grodofsky
Children's Hospital of Philadelphia
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Leonard C. Groopman
Massachusetts General Hospital
Medicine

Douglas Guyton
University of California, San Francisco
Surgery

Peter B. H'Doubler
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Surgery



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Medicine

H. William Harris
Children's Hospital Medical Center
Pediatrics

Charles Hergrueter
New England Deaconess Hospital
Surgery

Howard Herrmann
Massachusetts General Hospital
Medicine

Stephen A. Hoffman
Massachusetts General Hospital
Medicine

Jeffrey T. Holmes
Stanford University Hospital
Surgery

Lawrence Jacobsberg
New York Hospital
Psychiatry

Joshua Jaffe
Yale-New Haven Medical Center
Ob Gyn

Michael Johnson
St. Joseph Mercy, Ann Arbor
Flexible

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Massachusetts General Hospital
Pediatrics

Clara Y. Jones
Grady Memorial Hospital, Atlanta
Medicine

Barry D. Jordan
University of California, Los Angeles
Medicine

Jason Kapnick
Brigham & Women's Hospital
Ob Gyn

Cavelle Kelsick
Michael Reese Hospital, Chicago
Medicine

Mitchel A. Kling
University of Pennsylvania Hospital
Psychiatry

Alexander Knisely
University of Michigan, Ann Arbor
Surgery

Suzanne Koch-Weser
Highland Hospital, Rochester
Family Practice

Edward T. Koh
Newton-Wellesley Hospital
Medicine

Walter Koltun
Brigham & Women's Hospital
Surgery

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UCLA Neuropsychiatric Institute
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Medicine

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University of Colorado, Denver
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Medicine

Hon-Chi Lee
Stanford University Hospital
Medicine

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NYU-Bellevue Hospital
Medicine

Jesus M. Leon
Kaiser Foundation Hospital, Oakland
Surgery

Jonathan Levin
New England Deaconess Hospital
Surgery

Harry G. Lewis
UCLA Neuropsychiatric Institute
Psychiatry

Judy Lieberman
New England Medical Center
Medicine

Henry J. Lin
Los Angeles County-Harbor UCLA
Medicine

Alexander Ling
Kaiser Foundation Hospital, Oakland
Primary Care

James C. Lisak
Duke University Medical Center
Medicine

Margaret A. Liu
Massachusetts General Hospital
Medicine

Christine A. Look
Children's Hospital, Seattle
Pediatrics

Manuel Lowenhaupt
New England Memorial, Stoneham
Family Practice

Angela Macchiarulo
Children's Hospital Medical Center
Pediatrics

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Beth Israel Hospital
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Jackson Memorial Hospital, Miami
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Tacoma Army Medical Center
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Pediatrics

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Presbyterian Hospital, New York
Surgery

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University of Chicago Hospital
Medicine

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Medicine

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Pediatrics

Linda A. Waldman
Children's Hospital Medical Center
Pediatrics

Janice M. Wang
University of Oregon, Portland
Surgery

Ralph Warren
Massachusetts General Hospital
Surgery

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Ob/Gyn

Amy L. Wax
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Medicine

Allen R. Woolf
Children's Hospital, Seattle
Pediatrics

Wendy L. Wornham
Children's Hospital, Seattle
Pediatrics

Clarence L. Young
Presbyterian Hospital, New York
Medicine

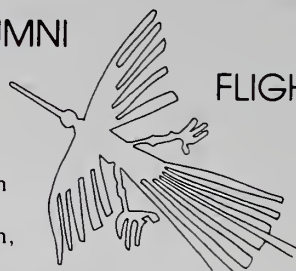
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Johns Hopkins Hospital
Medicine

Deborah A. Zarin
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BROOKS

(continued from page 6)

tion to the surgical treatment of cancer of the pancreas. In the late 1960s, concurrently with a surgeon from the Mayo Clinic, he revived the procedure of total pancreatectomy after finding that the more common operation — removing only that part of the pancreas that appeared to contain a tumor — often left cancerous cells behind.

A familiar face to the *Bulletin*, Brooks served as its editor from 1956-67. He is the author of the book, *Endocrine Tissue Transplantation*, and a member of the editorial board of the *New England Journal of Medicine*. He has served on the board of governors of the American College of Surgeons and as president of the New England Surgical Society.

ANATOMY OF AN ISSUE



Faced with over 25,000 pages of past *Alumni Bulletins*, what did we look for in compiling a retrospective issue? Readability scored high. During long hours spent poring over *Bulletin* offerings from the past fifty years, anything that didn't automatically induce a soporific state was likely to make the grade. Humor helped; and the *Bulletin* has served up much of that, presumably as an antidote to the serious business of doctoring and a steady diet of medical literature. Finally, we've tried to compress six decades of history into this volume. What the end product lacks in thoroughness it makes up for in vividness, we think, with both subject matter and writing style serving as remarkably dependable historical signposts.

The twelve or so articles which follow are a mixed bag. The earliest piece, written in 1923, documents the International Physiological Congress held at Harvard Medical School. In it we catch a glimpse of the Congress's guest star, Ivan Pavlov, "serving up his latest ideas of inhibition in relation to neuroses, hot from the griddle"; a moonlit concert on the quadrangle performed by the Boston Symphony Orchestra in honor of the event; and "the regrettable circumstances of having to drink a toast in water 'to international good feeling.'" Elsewhere in this retrospective issue we meet another legendary figure, Sigmund Freud. Thanks to the late George Gifford's knack for unearthing little known treasures of medical history, we are treated to an intimate portrait of Freud at Putnam Camp, and learn that the man himself had a bit of an obsession concerning a porcupine.

An address delivered by Alan Gregg on the occasion of Harvard's Tercentenary Celebration (1936) found its way into the *Bulletin* a short time later. In it Gregg charted "The Future of Medicine" with extraordinary prescience. "Medicine," he predicted, "will be influenced profoundly by the social order of the future and by the way doctors regard the society of which they are a part, and by the way society regards disease and doctors, their services and their institutions." Exactly twenty years later, George Crile, Jr. accepted an offer from *Life* magazine to publish an article

adapted from his book, *Cancer and Common Sense*. Crile's effort to raise the medical consciousness of the American people faced vehement opposition from a number of colleagues and such formidable groups as the American Cancer Society. Subsequently, Crile chose his alumni magazine as the place to tell the story behind the story ("The Vapors of Life").

Perhaps more than anything else, the *Bulletin* has served to record the constants and variables of life at Harvard Medical School. Those alumni who remember their hard-won struggle for admission to HMS may be nonplussed to read how Frederick L. Good, a graduate of the Cambridge Latin School, class of 1900, was transformed overnight into a member of the Harvard Medical School class of 1904: "My problem," he recalled, "was not how to be admitted but rather how I could stop myself from being admitted." Such are the vicissitudes of time.

The advent of World War II, it seems, foreshortened the *Bulletin's* adolescence, just as it rushed so many HMS students into early manhood. For the duration, the Medical School became a different place, and the magazine served to keep alumni, at home and abroad, informed of the changes. "HMS Goes to War" takes us back to those days when the entire north side of Vanderbilt Hall was turned into an Army barracks for 225 prospective medical officers who assembled for roll call, calisthenics, and dismounted drill well in advance of the day's first lectures. Beginning in April 1943 the front cover of the *Bulletin* carried the notice that the magazine might "be mailed first class for 9 cents to men who are in military service outside the country," and a special section, "News from the Front," was filled with detailed, if somewhat disguised, reports from "Somewhere in the Pacific" and "The _____ Station Hospital." From reams of pages on World War II, we have chosen to reprint excerpts from Tom Lanman's war diary. The entries were penned in Ireland and England during 1942-45 and published in the *Bulletin* shortly after his death in March 1961.

A funny thing happened to the *Bulletin* during the

post-war era. The fifties spawned a multitude of articles which seemed to celebrate a return to normalcy, many of them characterized by light humor, self-indulgence, and a turning away from conflict; hence, "The Alcohol Proficiency Curve," a pseudo-scientific paper with a cocktail party drollery, and "Aesculapius Inspects the Harvard Medical School," in which the god of medicine pays a visit to HMS (circa 1955) and encounters a perplexing array of new customs. He finds latter-day deities conducting grand rounds, weighs the merits of a Ph.D. degree, and muses over the inscrutable procedures for awarding tenure. The illustrations for "Aesculapius" are the same ones which accompanied the article when it was originally published. Readers of the *Bulletin* during the fifties and sixties will remember the artist, Ernie Craig, as a steady contributor to our fund of drawings and cartoons.

One major occurrence at the medical school was announced in the *Bulletin* not with the bang one might have expected but with the softest of whimpers. The class of 1949, which gathered in Boston in the fall of 1945, was the first in the school's history to include women; yet our diligent search of the *Bulletins* published around that time yielded scant mention of this event. In a 1961 issue of the magazine, Doris Rubin Bennett reminisced with wit and candor about what it was like to have been in the original class of women at HMS, and reflected on the juggling act of medicine, marriage, and motherhood. A sense of humor is also helpful, if not a downright prerequisite, for a medical student's spouse, according to Margen Penick. In *Folie a Deux*, Mrs. Penick, whose late husband Peter was a member of the class of 1958, suggests that the psychological risks of marriage to a medical student sometimes outweigh the benefits.

In the *Bulletin* of the sixties and seventies, articles on drugs and drug abuse abounded; the term "community

health" appeared with increased frequency; and the magazine's covers often showed the influence of pop art or psychedelia. While the war in Vietnam was escalating, Robert Goldwyn's editorial, "The Thing About Yaws," posited a sobering bottom line for physicians: "The significance of our efforts at the patient's bedside dwindles with the realization that a thermonuclear war would create more morbidity and mortality in minutes than physicians have overcome through centuries of doctor-patient relationships."

A section in this issue devoted to Merrill Moore celebrates that rare specimen, "a serious physician and serious artist." One who genuinely appreciated this double gift was Robert Frost, whose obituary of Moore was printed in the *Bulletin* in 1958 and reappears in this issue together with two of his many sonnets that graced the magazine's pages over the years.

James A. Fitzgerald used the genre of the short story to describe the darker, lonelier side of doctoring in our final selection, "The Tunnel." The story's protagonist attends to a birth, but strangely, there is no joy in this activity. Delivery completed, the mother lies "white and sleeping, the child breathes pale and quiet." The doctor is "bent, smaller, wizened." There is no light at the end of this tunnel.

A final note or two about this issue: In compiling a retrospective anthology, we have tried to elicit a flavor for various times in the history of the school as it, in turn, reflected the spirit of the day. As a side effect of this, some readers' sensibilities may be piqued by certain material in this volume, and we hope these people will understand our intention even as they wince at the offending passages.

The idea for this issue came from Editor Gordon Scannell, who, in true bicentennial spirit, felt that the magazine's history, though quite a bit shorter than that of the institution it serves, was also worth celebrating. We dedicate this issue to all of our contributors — past, present and future.

Laura Singer

AS IKONS GO, the baton of Editorship of the *Harvard Medical Alumni Bulletin* is not notably heavy, but the alumni have always wanted it to be in strong hands. This issue brilliantly attests to how fortunate we have been. Joseph Garland, the founder, set the standard with the same verve and taste that he brought to our neighbor, *The New England Journal of Medicine*. Everyone since then has served with comparable but individual distinction, putting his stamp on the product that remains the principal link between the alumni and their school. Each editor has been active in medicine while guiding the *Bulletin*. The roster includes John Merrill, pioneer in hemodialysis and renal transplantation; J. Engelbert Dunphy, alumnus

plenipotentarius et belovedus; John Brooks, a surgeon's surgeon, and newly the Frank Sawyer Professor of Surgery; and George Richardson, familiarly and familiarly the source of some of our most elegant moments. Could we have had a group of whom to be more proud? I think not.

This issue marks another transition. I know I speak for all alumni in trying to express our gratitude to George Richardson. His stewardship between 1971 and 1980 provided a golden era that included issues such as "Physician Signers of the Declaration of Independence," "Artists Among Us," and many others, not least the HMS self-study done for the liaison committee on medical education. The Richardson *Bulletin* was always a

treat, and one's reading of it gently, but perceptibly, tightened the bond between graduate and school.

Our new editor is J. Gordon Scannell, professor of surgery at the Massachusetts General Hospital. A graduate of Harvard College and Harvard Medical School, Gordon has been associated with the MGH and HMS throughout his career. He has been an editor of the *Journal of Thoracic Surgery*, contributor to past *Bulletins*, and an innovative cardio-thoracic surgeon. He is currently in charge of the surgical clerkship at the MGH. His unique blend of scholarship, warmth, and audacity will soon be felt. It is a privilege to welcome him to a tradition he further enriches.

Daniel D. Federman '53
Dean for Students and Alumni

EditorsEditorsEditorsEditorsEditors

*A magazine is its editors. Their visions shape it; their hard work makes it.
This one is no exception to the rule, and so we begin our backward look at
the HMAB with a glance at the editors and what, as writers, they have contributed.*

Joseph G. Garland '19

Editor, 1927-1929,

1967-1971

"In order to write clearly, one must have something that needs to be written, and the willingness to take pains in its writing." Simple and profound, like any good axiom, this one served Joe Garland well and long, from his days as editor of the Gloucester High School Crimson, all the way through the publication of his memoirs, A Time for Remembering. In the intervening years he managed to serve as both the first and the tenth editor of the Harvard Medical Alumni Bulletin and, in twenty years at the helm of The New England Journal of Medicine, was able to increase the circulation of that publication fourfold and broaden its influence beyond New England to international dimensions. The author of a British Medical Journal editorial, written in 1967 on the occasion of Joe's retirement from the NEJM, observed that "it is said that he writes his leading articles, his editorials, standing up and ends as soon as he begins to tire, in the belief that by then the reader, like himself, will have had enough. Of course it is never enough." Nor are the three small excerpts that follow, taken from editorials Joe wrote in his first and second incarnations as HMAB editor, enough. Yet they are something, and do give just a hint of what Joe Garland meant to this magazine.

The *Bulletin*, with this issue, ends its second year of academic life and becomes promoted, we trust, from the Sophomore class to the more dignified position of an upper classman. Its editors have tried not to be too ambitious with it, knowing too well the fate of so many ambitious publications which, fed on too rich diets in their infancy, have fallen prey to acute nutritional disturbances and eventually departed this life as a result of marasmus, cachexia and inanition, their ul-

timate resting places being marked only by tiny crosses and untidy piles of unpaid bills. Many such publications die eventually of circulatory failure but as our circulation is vicarious and automatic, or, as it were, placental, being practically co-existent with that of the paternal body, the Alumni Association, and receiving, moreover, copious transfusions each June from that universal donor, the Harvard Medical School, we need fear no such untimely ending to our efforts. (1928)

Every editor at times — perhaps at all times — feels the need of burning issues, and if necessary may go out and manufacture them. We have suffered from a lack of burning issues; perhaps they have been before our eyes but we have not seen them. Any graduate who has an honest, live, actively burning issue is invited to send it in and it will be received with open arms, but it must be no smoldering, damp affair. It is not smoke we want, but a fierce and burning flame. We had conceived the idea of offering cash prizes for burning issues but the treasurer soon put a stop to that. (1928)

The first issue of the *Quarterly of the Harvard Medical Alumni Association* was published in July, 1901, the project continuing until October, 1904, when Number 14 was distributed to its eager recipients, and there the publication ceased. In April, 1905, however, like Prometheus on the rebound, a new series began, called the *Bulletin of the Harvard Medical Alumni Association*. In the issue of July, 1905, New Series, an editor was first mentioned; the favored person was David Cheever, 1901, secretary of the Association. In August, 1912, Robert M. Green, 1906, then secretary, assumed the editorial prerogatives and publication continued until April, 1914.

For thirteen years animation was then suspended. But at the annual

meeting of the Association in 1926 Philemon E. Truesdale of Fall River was elected president; at the first meeting of the Council that fall he proposed the publication of a bulletin so enthusiastically and convincingly that the resulting periodical has not failed nor faltered in the ensuing forty years. The new secretary of the Association, Joseph Garland, was appointed editor, and Albert A. Hornor, the organization's treasurer, was named as business manager. The first number, issued in March, 1927, bore on its cover an appreciative message from President Lowell; each copy contained a postcard asking the recipient's opinion of the new venture.

Four thousand cards were thus distributed and 700 were returned, the senders of all but one approving of the publication; the sturdy leader of the minority by his own testimony had no time for reading. (1967)

James M. Faulkner '24

Editor, 1929-1934

In 1929, the thirty-year-old director of the electrocardiographic laboratory at the Boston City Hospital decided, characteristically, to take on an extra responsibility. Jim Faulkner took over as secretary of the Harvard Medical Alumni Association and editor of the *Bulletin* in only the fourth year of its publication. In a tribute published in the HMAB after Jim's death in 1980, the late Lang Parsons noted that "although Jim belonged to numerous organizations, he only joined them if he intended to act." This was certainly true with regard to the *Bulletin*, and during his tenure he saw to it that the magazine continued, if not to grow remarkably at least to function as an effectual link between the School and its graduates. In an editorial reprinted here, he argued that the *Bulletin* and the Association had progressed to the point where a professional secretary was needed to assure the continuity of the organization and its organ.

The history of the Alumni Association has been one of rather violent fluctuations between periods of activity and inactivity, somewhat analogous to the vagaries of the stock market and likewise harmful and to be prevented if possible. It is to be expected that different administrations will vary more or less in the amount of time and energy they are able to devote to carrying on the work. It may be assumed therefore that the Association will in the future be subjected to the strain of periodic inflation and deflation unless measures are taken to insure stability.

A powerful stabilizing factor would be the employment of an experienced professional secretary, preferably with some journalistic training, who would carry on the bulk of the detail work of editing the *Bulletin*, arranging meetings, and keeping the books for the Treasurer. The right sort of person in this position, acting under the direction of the Secretary, would be an invaluable asset to the Association, and it is quite possible that she would bring into the treasury, through the intensive solicitation of advertising, more than enough to cover her salary. The experiment is well worth trying. Its success or failure will depend almost entirely on the selection of the proper individual to fill the post.

(1932)

Vernon P. Williams '28

Editor, 1934-1936

Charles L. Short '28

Editor, 1936-1937

The term of Vernon Williams as HMAB editor was not long, and that of Charlie Short was — forgive the pun — even shorter. Vernon was responsible for two volumes, and Charlie, filling out the term of his predecessor, who escaped to Johns Hopkins in 1936, edited only four numbers. Yet both were there to help the magazine through the end of its first successful decade of publication and into its second. Each Williams issue sported at least one significant cover article, as well as features that would later become *Bulletin* regulars: special obituaries, lists of "Hospital Internships," and even a "theme" issue, devoted to "Dr. Edsall and the Development of the School" with contributions from Hans Zinsser, Reginald Fitz, and Cecil K. Drinker. One of Charlie Short's

The Harvard Medical School Alumni Bulletin

I write to tell you how much value I think the Medical School Alumni Bulletin may have. There is great importance in anything that will keep the alumni in touch with the School, let them know what the instructing staff are doing, how they are attempting to teach the laboratory and clinical subjects as closely related parts of one great subject, and all as means to the treatment of patients.

One of the serious difficulties encountered by our institutions of higher learning is the ignorance on the part of the alumni of the changes that have taken place since they graduated, and their consequent inability to understand the progress that has been going on, any one part of which seems to them inconsistent with what they suppose the rest of the institution to be.

Therefore I welcome most heartily the foundation of this new bulletin.

Very truly yours,

A. LAWRENCE LOWELL

For the first cover? An endorsement from the president (of Harvard) served nicely.

first official editorial acts was the minor editing he performed on Alan Gregg's classic, "The Future of Medicine." Charlie's small changes, undertaken innocently enough, raised the literary hackles of *The Perfect Writer*, a species that even today continues to haunt the makers of the *Bulletin*. Gregg swore that his witty erudition would never again grace the pages of the magazine, but within a year he changed his mind; his article, "Some Aspects of Higher Education in Europe," appeared in October 1937. Neither Vernon nor Charlie made full use of their editorializing prerogatives; what follows, from Vernon and Charlie, respectively, is very nearly all we have from them.

The resignation of Dean Edsall is occasion for review of two significant decades in the School's history. The period included in his term of service is one of significant development. When he arrived, hardly any research existed outside the preclinical departments. Clinical responsibility for students was non-existent. The School itself was more of local than of national importance. Under his guidance it has become the leading medical school of the country.

Very early in his career here, he was instrumental in introducing the clinical clerkship in Medicine and Surgery, which for the first time gave to students personal experience in the actual care of the sick. Almost at once, also, he began the formation of a group of clinical investigators, the steady growth of which plays a considerable rôle in the approximately 100 per cent, increase in the size of the teaching force, which has occurred during the period of his deanship. Indeed, perhaps Edsall's greatest contribution to our School, and to American medicine, is his promotion and cultivation of investigation, that is productive scholarship, in clinical science.

Dr. Edsall arrived in Boston with a broad interest in public health. This soon found expression in the establishment of a clinic for industrial disease at the Massachusetts General Hospital. Later his opportunities permitted the foundation of the present School of Public Health, opened in 1922. This institution may be properly said to be his creation.

Edsall's administration throughout has been characterized by wisdom

and breadth of vision in all matters pertaining to medical education and the advance of medical knowledge. His retirement, we can but regret. In his accomplishments, we can take profound satisfaction. (1935)

The Annual Meeting of the Alumni Association for 1936 was held on September 15, immediately preceding an Alumni dinner at the Harvard Club in conjunction with the Tercentenary Celebration. At the meeting, reports of officers were presented and three new councillors were elected: Herman A. Lawson, '24, Tracy B. Mallory, '21, and Richard H. Miller, '10. Over 500 alumni were present at the dinner, a brief account of which was printed in the October, 1936, *Bulletin*.

Since then, three meetings of the Council have been held. At one meeting, Dean Burwell was present and reported on the situation of the rooms in Vanderbilt Hall. A survey had been made of the entire situation, which showed that there should be more cheaper rooms and that the whole rental scheme should be reorganized on the basis of size and location of each room. A new price list has been prepared for 1937-38 with little reduction in the average cost per room, but a marked increase in the number of cheap rooms. Room scholarships, not furnished by the Alumni Association, have been granted this year to seventeen men.

In response to a plea from Dean Burwell and Dr. Arlie V. Bock, Professor of Hygiene, the Council voted the support of the Alumni Association in helping students suffering from illness requiring hospital care lasting more than the maximum two weeks, paid for by the present scheme of health insurance. For this purpose, a fund of \$500 was underwritten with the bills to be approved by the Dean's Office and the Hygiene Department in each case.

The question of re-establishing the course in Military Science at the School has been brought up at two meetings. No action has been taken by the Council and investigation of the situation is still underway.

The dinner for the Fourth Year Class was held as usual at Vanderbilt Hall on May 26, with Dr. Conrad Weselhoeft, toastmaster. The speakers

included Dr. Reid Hunt, Dean Burwell, Dr. Channing Forthingham, Dr. Richard H. Miller and Mr. Joseph Johnson, president of the Fourth Year Class. (1936)

Clark W. Heath '26 Editor, 1937-1946

It was a convenient arrangement. As physician to the medical student body, Clark Heath had an office on the first floor of Building A. One of his administrative neighbors happened to be Mrs. K. B. Wilson, then part-time secretary to the Harvard Medical Alumni Association. Noting this proximity, someone got the grand idea to appoint Clark editor of the Alumni Bulletin, a position which in those days included the job as secretary of the Association. However provisional Clark's appointment may have seemed to him at the time, his term as the fifth editor of the Bulletin was substantial, both in terms of its length and its accomplishments. The majority of the Heath years were war years, and the widening scope of the magazine during that period necessitated the formation of an editorial board — called together in June 1942 and consisting originally of Wyman Richardson, Joe Garland, and Tracy Mallory — and, as of October 1943, the addition of an assistant editor in the person of Francis D. Moore. Still, by far the largest portion of the wartime task fell to Clark and, in particular, to Mrs. Wilson. In the piece that follows, he recalls the span and the spirit of her involvement.

Doctors as a class are not distinguished either for their organizing ability or their ability to pick the right person for a job. A noteworthy exception seems to be the Association's organization of its office in Building A of the Medical School and their placing it under the efficient management of Mrs. K. B. Wilson. Mrs. Wilson has been our Executive Secretary since 1936. During the years she has suffered nobly (and not always in silence) under the shifting officers of the Association. She has had an indispensable part in developing the useful functions and effectiveness of our office and increasing the interest in the Association. She has watched many classes of senior medical students graduate; made lasting friends of most, enemies of few. Many write to her, identifying her with the Association; the personal touch has helped.

Mrs. Wilson's faithful supervision of each *Bulletin* has been of the utmost help to the various editors, who must fit their editorial duties to their own busy medical schedules. Mrs. Wilson has the right job "motivations" which the psychologists tell us are the important things for work satisfaction and accomplishment.

The *Bulletin* itself requires, of course, a major proportion of the work of the office. The endeavor of the Association has been to increase the size and importance of the *Bulletin*, to make it more readable and informative, to provide complete news of the graduate body and the affairs of the School, at the same time offering space for articles of rather general interest free to all Alumni.

Soon there will probably be need for more secretarial help and for office devices to make the work easier. As the *Bulletin* enlarges and improves there will be need for more space and closer supervision by an enlarged editorial staff. Suggestions from alumni would be most welcome and they should be addressed to the care of our very efficient Executive Secretary, Mrs. K. B. Wilson. (1947)

Edward Hamlin, Jr. '33 Editor, 1946-1949

"We believe," Clark Heath wrote in his HMAB swan song, "that the incoming editor will have a sound basis for making the *Bulletin* a still more attractive journal." This implied a challenge, one that Clark's successor, Edward Hamlin '33, handled much as he handled the practice and teaching of surgery — deftly. In a tribute composed for the *Bulletin* shortly after Ed's death in 1974, his friend and former MGH officemate Gordon Scannell described Ed this way: "He was extraordinarily well read, and could share his enthusiasms with others. It was pure joy to raid his library and even greater joy to pry loose quotations and fragments of knowledge from the storehouse of his mind." During the three years of Ed's tenure, the HMAB reflected such qualities of intellect.

The task of being Editor of a periodical and Secretary of a society each with medical affiliations, is likely to be an arduous one. Yet some people — the Heaths of the medical profession, for example — appear to flourish under it

Up to 1937, when Clark Heath agreed to occupy such a precarious settee, each issue of the *Bulletin* was only about sixteen pages long, on the whole was of no great interest and was almost entirely lacking in sparkle. The Annual Meeting of the Association was never well attended and consisted of a perfunctory luncheon in Boston. The Association appealed only to a few who contributed their mite each year to defray expenses; little spending money for other purposes was ever available.

Clark Heath was an admirable choice to catalyse two such stagnant bodies into activity. He soon proved to have a rare talent for getting things done quickly and unassumingly.

Under his guidance the *Bulletin* has doubled in size and has grown in interest by geometrical progression. Now one reads in every issue at least one well-written article of general interest; one obtains news of the School told chattily; there is likely to be an impartial review of some current book; and there regularly appear news items about one's friends — obituaries if need be, or more happy bits about marriages and embryonic additions to the Medical School family, or notes about the ever increasing number of academic chairs in the medical schools of the country being upholstered in crimson.

The Annual Meeting has grown into a dinner-party worth attending, held wherever the American Medical Association meets. Men of every age assemble, from all parts of the country, diversified in their interests but bound together by a crimson thread which seems to grow stronger with time.

The funds of the Association have increased so that now every alumnus who wishes can add strength to the School by a small donation. This is placed in a common pool which in every recent year has grown to significant proportions and can now be considered a valuable asset.

Clark Heath has brought about these things in an apparently effortless manner. The *Bulletin* and the Medical Alumni Association will always be grateful to him. He injected them with liveliness, enthusiasm and imagination at a time in their history when such manifestations of youth and vigor seemed almost forgotten. (1946)

J. Englebert Dunphy '33 Editor, 1949-1953

J. Englebert Dunphy took over from Ed Hamlin as editor of the Bulletin in 1949. That same year, George Packer Berry became dean of the Medical School. In a letter solicited for this issue, Bert Dunphy recalls the terms of his collaboration with the new dean:

"When I became editor of the Bulletin and secretary of the Alumni Association, it was a shoestring operation. Mrs. Wilson was the executive secretary and acted in part as editor of the Bulletin, which was paid for by the dean's office; I think the total income of the Association at that time was about \$10,000. The Bulletin was given free to each member.

"When George Berry became dean, he insisted that we should raise over \$100,000 annually from our alumni; he cited Dartmouth and Princeton as examples. We tried to point out to him that the Harvard Medical alumni probably didn't have the same loyalty to the School as they did to their own colleges. He persisted, however, and three successive presidents of the Association contrived to change the entire image. Tom Lanman was appointed director of alumni relations, and as secretary of the Association I played a role in urging class secretaries to bring in the money.

Within a very short time, the Alumni Association was a changed organization, and the Harvard Medical Alumni Bulletin was becoming an increasingly interesting and readable publication."

In the following excerpt, a report published in the Bulletin in June 1951, Bert writes about many of these same issues and answers.

The spontaneous desire of many of the alumni to have a more tangible mechanism for making contributions to the Medical School coincides with a very real need. Twenty years ago the annual cost of educating a doctor at Harvard was about \$2,000. The tuition was \$400. The difference was readily met by legacies and foundations. Today the cost is nearly \$5,000 and the tuition is \$800. As a result, the Harvard Medical School is today spending hundreds of thousands of dollars a year beyond its income — and to meet the challenge of today, it should be spending even more. In recent years this has been accomplished in part by gifts and grants and in part by help from University funds. However, the

financial demands on the University are such that this source of aid cannot be continued and the Medical School as well as other graduate schools of the University must now work out their own financial destiny.

In the case of the Medical School some aid may eventually be forthcoming from the federal government, but as a counter-balance to this type of assistance and in order to maintain the pre-eminence and independence of the Harvard Medical School, substantial yearly contributions from the alumni will prove of inestimable benefit. It is for these reasons that the Council unanimously voted to establish the Harvard Medical School Fund.

In general, the new Fund is designed as a mechanism which will aid and abet what has been going on for many years, namely, the support of the School by its loyal alumni. It is intended that in most instances all alumni contributions, individual and class, will channel through the Fund, thus providing the Medical School with an annual grant of hard money with which it can defray a major portion of its annual deficit. (1951)

John P. Merrill '42 Editor, 1954-1956

It was a busy first year — and year of firsts — for the eighth editor of the HMAB. At the end of it, in the second number of the magazine's twenty-ninth volume (January 1955), John Merrill announced what was, for the regular reader, an obvious departure from close to three decades of precedent: "With this issue the Bulletin appears in new garb; larger, more easily read, and, we hope, more attractive. The format is improved, and the content will not lag." John's role in the transformation is even more remarkable when it is recalled that at about the time the redesigned magazine must have been sent off to the printer, John was also making a bit of headway in his "other" profession. On December 23, 1954, he had served as head physician on the Brigham team that performed what would become the world's first successful human kidney transplantation. But those two pioneering efforts were not John's only ones; for the December 1954 issue he wrote the Bulletin's first — and only? — book review in verse. John's poem, reprinted below, was composed after he read Merrill Moore's Verse-Diary of a Psychiatrist.

*How difficult it is to write a book review
while sitting on Pandora's box – particularly
a book of poems or is it a box of poems. No matter!*

Along Shattuck Street soft in the shuttered twilight
I sought expression
Plucking at words with the sharp hooked point of
a question mark
"What shall I say of Merrill Moore
That's not been said, and frequently before?"
Moore — the very name bespeaks Cuchulain,
Brian Boru and Rory Calhoun,
Yet
By a peculiar twist
This gent's a psychiatrist.

I liked best

The undertipped Red Cap and the nocturnal
Zeppelin of the maiden lady.
Here, too,
The ripple of a laugh blending easily
With the long swell of tender understanding
In the sea of human experience
Unfathomed
even
by
him.

(And in his verse, for better or worse
Vividly dwell our particular hells
He can discern (it's his special concern)
Egg from ego and ibis from Id
Ah, prophet and poet and practical kid!)

"Work is a dragon," he writes (in Fairfield type on Linweave Text)
Pause, HMS, and see the monster exorcised.

What shall I say of his poems, I asked
Not so tortuous, perhaps, as Shapiro?
Nor so cute as Millay? Having something
In kind with that other Deutsch, Babette?
More important I thought, is this:
The book sits easily in the hand
After a long day,
Bound to the eye and the mind
With a common bond, pleasantly wrought.

Thus having said my say
I shall give grudging way
To more luminous prose
Even as (p. 33) the
Burnt-out Bulb at the Hotel in
Tadoussac.

John R. Brooks '43B

Editor, 1956-1967

John Merrill ushered in the enlarged HMAB format, but it was another John, surname Brooks, who took over a year after the change and had the luck and the leisure to exploit the full visual and editorial potential of the 8½ by 11¼ inch page. More than a decade of on-the-job training can teach an editor a fair amount about the

making of a magazine, and each Brooks volume seemed more innovative, more vigorous, and, sometimes (when a burning issue had at long last inflamed the diverging opinions of Bulletin correspondents), more controversial than the one that preceded it. The trick, as John learned, was to be ambitious, to broaden the scope of the magazine, without ever drawing away from the alumni in any way. Reprinted here is JRB's heartfelt farewell.

After close to 12 years, the *Harvard Medical Alumni Bulletin* editorship again changes hands.

In 1927, Joseph Garland '19 revived the *Bulletin* after a 16-year lapse and placed it on its first firm foundation. He then went on to fame and glory as editor of *The New England Journal of Medicine*.

Realizing that he was soon to leave the editorship of the *NEJM*, the Harvard Medical Alumni Council convinced him that a spell at the helm of the *Bulletin* would be good medicine for him as well as the *Bulletin*. Happily he accepted, and on July 1, 1967 he became our 10th editor.

At that time the present editor, secure in the knowledge that the *Bulletin* will be in good hands, retired. Leaving the *Bulletin* is not easy. Watching a journal grow and thrive; enjoying the appreciative response its pages have stimulated among the Alumni; and simply living with the Harvard Medical family has produced irreplaceable and unforgettable memories. But our *Bulletin* will continue to represent a refreshing sounding board for Alumni as well as being a mechanism for the School to reach its graduates, so that all may express themselves in areas not purely scientific or clinical, but rather in ways whereby they can maintain the breadth of pursuit that makes for the happy life of the doctor. Medical politics and community health; medical law and insurance; medical travel and hobbies and medical humor; these are the pursuits that keep the doctor from being a narrow man. May the *Harvard Medical Alumni Bulletin* always remain such a medium, that through its pages these pursuits can continue to be documented. (1967)

Introductions and selections
by David Bumke

Editor's note: There is much more we could say about these men, and more that they have written that we wish we could reprint. But space is at such a premium in this issue that, in fact, we have had to leave two editors out entirely. An omission of a grievous nature, certainly, but (we hope) somewhat extenuated by the fact that both George Richardson and Gordon Scannell were featured in our February number.

The Thirteenth International Physiological Congress

by John F. Fulton '27

The University was the host of the International Physiological Congress, which met at the Harvard Medical School during the week of August 19-24. The occasion was unique, as it was the first time that this body had held a meeting in America, and it was therefore particularly fitting that Harvard should have been selected for the gathering, since its Medical School can boast of the first laboratory in America for the teaching of physiology. Only 58 years have elapsed since Henry Pickering Bowditch returned from Leipzig to set up his laboratory at the Medical School, and, during that period, the science which he cultivated has given to the world such discoveries as those of adrenalin, thyroxin, insulin, the use of X-rays for the study of gastro-intestinal functions and disorders, the integrative processes of the nervous system, and many other contributions which have advanced the science of medicine, and notably alleviated human suffering.

Professor William H. Howell of Johns Hopkins was the president of the Congress and gave the opening address at Sanders Theatre, on Monday, August 19. On this occasion the Federal Government was represented by the Surgeon-General, the Commonwealth by Lieut. Gov. Youngman, and President Lowell responded very happily for the University. Professor Krogh of Copenhagen delivered the oration of the evening, on "The Progress of Physiology."

The communications began on Tuesday and were held in six amphitheatres in, and in the neighborhood of, the Harvard Medical School. The papers were so numerous that for four days six sessions had to proceed simultaneously, each communication in any session being limited to ten minutes. The most notable personality of the huge assembly was, by common consent, Professor Ivan Pavlov, the distinguished physiologist of Leningrad, who, on September 14 of this year, celebrated his 80th birthday. After a series of brilliant contributions, made early in life, on the physiology of the stomach, he has devoted himself unrelentingly during the last thirty years to the study of conditioned reflexes. For the first time the obscure psychic processes of the higher centers of the brain have been placed upon an objective basis of study. His experiments are still actively in progress, and he continues them and describes them with that picturesque enthusiasm which, even forty years ago, had already endeared him to the hearts of physiologists throughout the world. As he preferred to speak in Russian, one of his former pupils, Professor G. von Anrep, served as interpreter on the two occasions on which he spoke. One of those who attended the first meeting has described the scene in the following graphic terms:

"Before a small and select group in one of the Cannon's side rooms, we had Pavlov serving up his latest ideas of inhibition in relation to neuroses, hot from the griddle.

Vivid, alert, gesticulating, the old man poured out his Russian phrases, like a *mitrailleuse* never missing fire, directing his attention meanwhile chiefly to Anrep, who sat calmly alongside smoking innumerable cigarettes. Pavlov would suddenly stop and point menacingly to Anrep who possibly would ask him a question or two to make sure of his ground — indeed even interrupt him. Pavlov, moving his watch and chain along about six inches farther on the table in front of him, would slump down in his chair, shifting his ischial tuberosities to one side or the other — whether because the chair was hard or because this was one of his reflexes, I am not sure. Anrep would then begin, always composedly, and give a most brilliant and concise presentation in English of what had gone before. Pavlov then picked up the thread again and continued. This went on for an hour and, except for the intrusion of a few belated guests who crowded into the room, one could have heard a pin drop."

Much new and important work was reported at the various sessions. There was nothing, perhaps, as epoch-making as the discovery of insulin, though Koehler was able to announce that he had obtained an extract from the adrenal cortex which relieves the more distressing symptoms of the disease known as *myaesthesia gravis*. Drs. Cushing and Teel reported their successful separation of the growth-promoting substance in the anterior lobe of the pituitary from the hormone which causes sexual maturity. Professor Hess, of Zurich, described a center at the base of the brain, which, when stimulated electrically, immediately induces sleep. For a number of years it had been suspected that a center governing sleep existed in this region, and the final proof not only is welcome, but marks a great step forward in the knowledge of the functions of the nervous system. Drs. Edwin Cohn, McMeekin, and Minot brought forward further observations upon the extract of liver effective in treatment of pernicious anemia. Though the chemical nature of this remarkable substance is not yet definitely known, it has been so far analysed that its chemical behavior is now clearly understood and it will probably be only a short time before its structural formula is known. Professor McSwiney and Dr. Robson described their important experiments upon the stimulation of the smooth muscle of the stomach and intestines by means of their various nerves in isolated preparations, a new and striking achievement. Dr. Cannon exhibited his series of animals from which the sympathetic nervous system had been completely removed, a surgical feat which has shed important light upon the functions of this system and its relation to emotions. Professors Gasser and Erlanger brought from St. Louis their cathode ray oscil-



Physiology's eminence grise, Ivan Pavlov (left), delivered a paper several days before his eightieth birthday in the room named for the Congress's chairman, Walter B. Cannon (right).

lograph, which enables one to detect, individually and collectively, the large variety of functionally different nerve action currents, which pass in any mixed nerve trunk. There were also a multitude of other demonstrations.

One of the pleasantest features of the meeting was the concert at the Medical School on Wednesday evening, the 21st. It was a glorious, cool, moonlit night, and the Boston Symphony Orchestra played from a large platform erected for the occasion on the steps leading to the central building of the Medical School. The program was a very happy one, and, with illuminated marble buildings as a background and a gathering of nearly 2,000 people in the central court, the scene was striking and memorable.

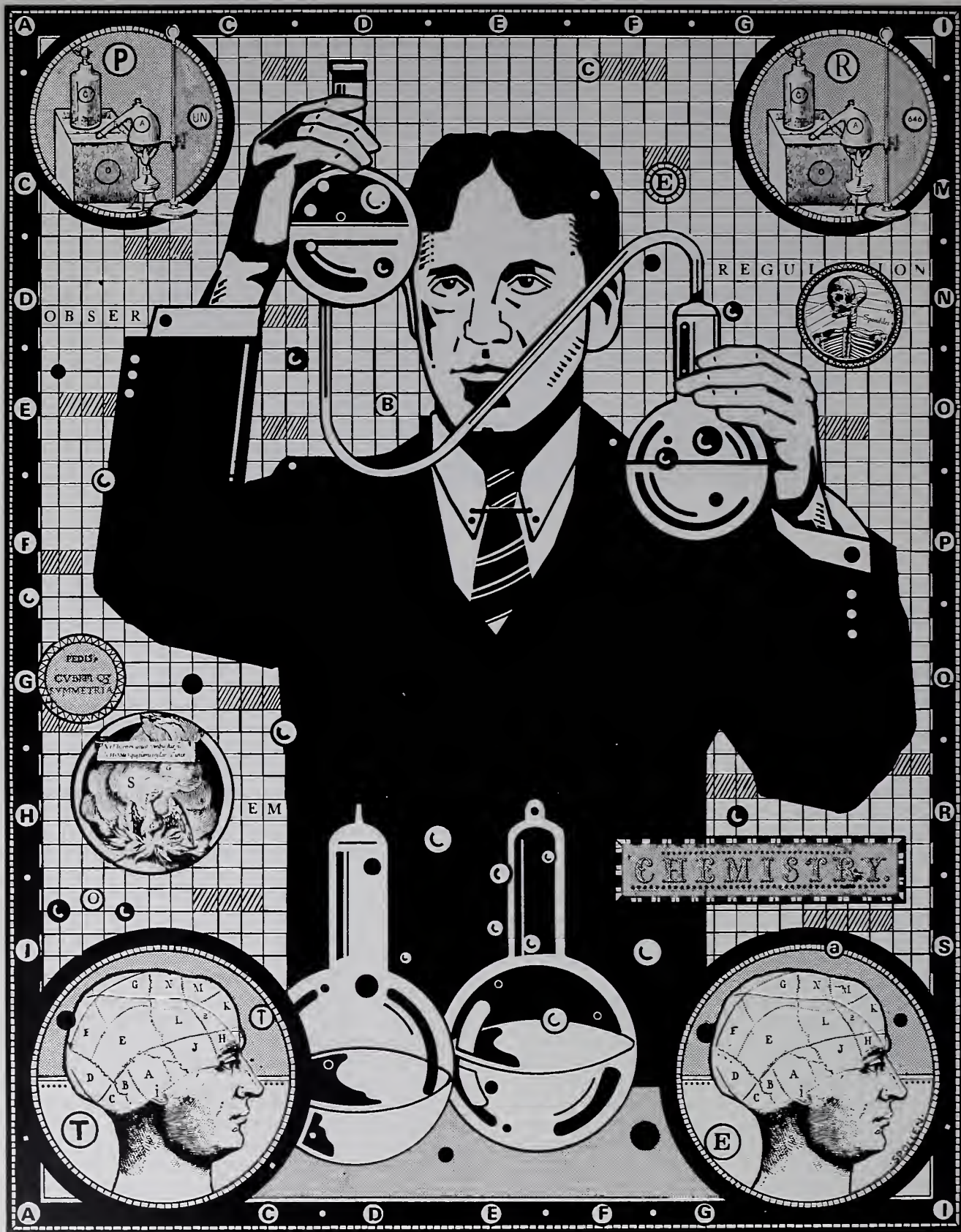
The official dinner was held in Memorial Hall, Cambridge, on Thursday evening the 22d. It was served by the Copley-Plaza Hotel and 1,100 attended in the hall. The excess were dealt with in the Freshman Dormitories, whose dining halls were connected with Memorial Hall by loud speakers. Dr. Krumbhaar, the president of the American Federation of Biological Societies, introduced Dr. Cannon, who presided. Professor Fil. Bottazzi of Naples spoke for Italy; he alluded to the fact that physiology had its birth along the sunny shores of the Mediterranean and recalled the names of certain Italian physiological worthies of the past. Professor A. V. Hill responded for England and, as usual, in a most happy vein. He had found in the records of his *alma mater*, Trinity College, Cambridge, a notice of a meeting held on August 26, 1629, at which John Winthrop, a fellow of the College, had applied for leave to sail to America. The fact that this had occurred 300 years previously almost to the day was a striking coincidence, and Hill made it the chief theme of his address. Professor Otto

Frank represented Germany at the dinner, and Gley spoke for France. After the dinner the gathering adjourned to the College Yard which, in the moonlight, with orchestra, dancing, and Japanese lanterns, effectively counteracted the regrettable circumstance at the dinner of having to drink a toast in water "to international good feeling."

The Congress was terminated on Friday afternoon by a series of addresses at a general meeting in Sanders Theatre. The venerable Leon Fredericq of the University of Liège read an interesting historical paper describing the early physiological congresses. Dr. Johansson, the president of the Stockholm Congress in 1926, followed Professor Fredericq and made the interesting remark: "It will be more and more evident that it is the actual searching for what we call truth and not its presumed possession which creates the cultured man. A general acceptance of this point of view might form the premise for that 'peace on earth' of which man has dreamt through all ages." After this, various invitations were read from the Governments of Japan, Russia, and Italy, and it was decided that the next meeting should be in Italy in August, 1932.

Such international meetings have a most salutary influence upon the growth of science. The interchange of ideas which inevitably takes place has a far-reaching effect on the progress of knowledge and, in addition to this, it serves to break down international barriers of politics and language. The warm enthusiasm, with which the foreign delegates have since referred to the Congress, was indeed gratifying to all those who were on the local committee, and they in turn feel a particular debt of thanks towards the University, whose generous response contributed so notably to the marked success of this important international gathering.

(1929)



THE FUTURE OF MEDICINE

by Alan Gregg '10

In America we regard Time as an enemy, in other parts of the world it is trusted as an ally. We try to eliminate it — deprecating its demands. In other countries they have learned there are advantages in an affectionate understanding of Time. In the making, say, of liquor they make friendly use of Time, or in works of art, or human institutions and in the art of living generally.

And now in the very country where the word "fossil" is an opprobrious epithet, we are suddenly tripping upon the pronunciation of a new word "Tercentenary," and are hurriedly obliged to concoct such consolations and distill such virtues as there may be in three hundred years of Time — Time, Public Enemy Number One in these Benighted States.

To the credit of Tercentenary celebrations be it said that they can protect us from a sort of parochialism or provincialism in Time just as travel (accompanied by grace of spirit) mitigates provincialism of Region. Due to provincialism in Time we rather fancy ourselves for being modern and boast of the present chauvinistically. But the contemplation of periods as formidable and intervals as spacious as three hundred years is sure to overwhelm such silly pride in the present. It intimidates us. It accentuates the regrettable mortality of the individual unless we be permitted to invoke considerations equally impressive by thinking of the Future — the Future which *volens volens* we influence by what we omit or commit, and so at least approximate a permanence denied to all flesh. And so in a week when the elders are gazing upon Clio, the Muse of History, with such enthusiasm as to make her sympathize with Susannah, let us console and protect ourselves by looking away to the Future.

Now it is a characteristic of American thought to assume that the Future will be better than the Present or the Past. We focus attention exclusively upon the Future by the simple but effective expedient of rendering the present unendurable through sacrifices of its joys and postponements

of its pleasures to a time we shall not see. Or the alternative, now very popular, of making the Present so recklessly agreeable that we dare not think of a Future any less handsomely reassuring. Chesterton remarks that they stoned the false prophets but they could have stoned the true prophets with a greater and juster enjoyment. So with due discount of our native and exuberant optimism, let us coldly state that the Future has but two certainties about it: one, that it will come, and two, that it will be composed in part, as is every period, of what has preceded it. These are the certainties — all else is surmise. And were this speech a model of reticence and prudence all reference to the Future would cease here.

But nonetheless, let us exchange some surmises on the Future of Medicine. It will be influenced by four kinds of factors, not in their simple sum, but by something more like their product than their aggregate.

First, medicine will change with the emergence of new knowledge from observation, experiment and tresh hypotheses.

Second, medicine will be conditioned by the kind of men who go into the practice and teaching of it, and therefore by the criteria used presently in their recruitment and selection.

Third, medicine will be influenced profoundly by the social order of the future, and by the way doctors regard the society of which they are a part, and by the way society regards disease and doctors, their services and their institutions. This is the social and economic matrix of the profession and is none the less important for being complicated, changeable and lending itself but poorly to verbal display.

Fourth, let us admit, even if we cannot describe the rôle the unforeseen may play in the future of medicine. By definition the unpredictable escapes anticipation and consequently not much can be said about it, unless one may venture the guess that medicine may expect the unexpected in strange guise and from queer quarters — sometimes en-

"Some few medical men may turn their attention inward to the study of their own processes of thought — a terrain full of pitfalls and funeral pyres but perhaps bearing hidden fruit reserved for deft philosophical fingers."

chanting, often irritating, sometimes obvious but occasionally insidious to the point of being — not even medical.

Now to return to the first of these categories, let us describe a few and only a few of the directions in which change will follow new knowledge to come.

In contrast to the last half century when such tremendous advantage has lain in the recognition of many diseases as generically a response to an invading organism, it would seem likely that the next 50 years may witness advance in other directions. The advancement of knowledge is gradual and particulate. The totality that is a human being has been divided for study into parts and systems: one cannot decry the method but one is not obliged to remain satisfied with its results alone. What brings and keeps our several organs and numerous functions in harmony and federation? And what has medicine to say of the facile separation of "mind" from "body"? What makes an individual what the word implies — not divided? The need for more knowledge here is of an excruciating obviousness. But more than mere need there is a foreshadowing of changes to come. Psychiatry is astir, neurophysiology is crescent, neurosurgery flourishes, and a star still hangs over the cradle of endocrinology. But we are in sore need of clinical neurologists, and nowhere in the world is the calibre or training of recruits to psychiatry equal to the need. Contributions from other fields are to be sought from psychology, cultural anthropology, sociology and philosophy as well as from chemistry and physics and internal medicine to resolve the dichotomy of mind and body left us by Descartes.

Next we may expect a future radically influenced by further knowledge of reproduction — the phenomena of sex, of the renewal of populations, a better control of the dangers of pregnancy and parturition, and especially the application to man of gradually extending knowledge of genetics and heredity. From few fields of medicine will come knowledge of so great an eventual import to mankind, and in few fields will progress encounter so chequered a resistance or involve more stubborn taboos. Here help is to come first from biology, from anthropology, from sociology, and perhaps from biography and genealogy far more carefully recorded. Closely linked — perhaps indeed falsely separated from research in human heredity — is the study of constitution. We have been remiss in this country in our relative indifference to this approach to the study of the individual and to the potential rôle of genetic linkage as an explanation of phenomena which are constantly found together but not related as cause and effect.

In another direction one may presume the likelihood of change. Medicine will gain immensely by a more widespread and tenacious study of the natural history of disease. We relinquish too much of our curiosity and attack

once the diagnosis is made. Chronic disabling disease — the most feasible but not the only material for long continued study — exists in plenty. In some crowded countries disabling diseases are held more important to control than deadly infections — and for a clear if not a rosy reason. If for no better a motive than the economic, medicine will soon be forced to devote more attention to the natural history of disease, and in this subject it is peculiarly the task of medicine to set its own house in order, not wait for pressure or guidance from critics.

Of recent growth yet immense promise is the field of nutrition. What the last hundred years have brought in transport and preservation of food and the growth of industrial cities, nay countries, imposes by logic and by sad experience the absolute importance of a better knowledge of nutrition. Closely related is the study of growth and thence interest leads to the study of disordered or uncontrolled growth. Recent progress and sound opportunity in both these fields are quickening hope.

And now three subjects whose status may well disturb us — pharmacology, legal medicine and dermatology. The present recruitment to pharmacology in America is not promising. The support of legal medicine as a subject is unworthy and evasive. One has no pretty immediate future to envisage if the present disesteem and specious arguments are to prevail. And many a practitioner in this audience may add "and you haven't mentioned therapeutics — a sort of free-martin in the clinic." The case of dermatology is different. Precisely because the concepts and methods at present in force in medicine leave so much unsolved in dermatology it may be suspected that wider research in dermatology could bring much new knowledge to medicine. At any rate skin deep is deeper than we can fathom now.

In physiology lie laborious but rewarding careers in learning how to assess the fitness of the human being. What are the ranges of normal function? What is the more exact and profound meaning of the word "normal"? When and how can failure or breakdown be predicted? Here is a need whose fulfillment is now more and more urgently pressed upon us. This twig of physiology, the frail support of opinions and pronouncements regarding what is normal, ergo abnormal, awaits a sure future in considerable present neglect.

Some day we shall use far more the abundant means of travel now available to study the incidence and nature of a given disease in different parts of the world. Geomedicine it has been called, and apart from its intrinsic merits, geomedicine will intensify our attention to the rôle not only of food and race but of temperature, humidity and barometric pressure on the incidence and course of disease and on the optimal conditions for health and happiness.

And now a speculative suggestion — at a time not too remote some few medical men may turn their attention inward to the study of their own processes of thought — of observation, of reasoning and of non-logical thinking — condemn it not! — a terrain full of pitfalls and funeral pyres but perhaps bearing hidden fruit reserved for deft philosophical fingers. For in studying the problem of the observer lies the likelihood of a closer approximation of the truth. And in nearly every field we may expect the most solid, acceptable and permanent contributions from chemistry and physics, as they too change in the future, to the solution of biological problems. This needs no elaboration but it deserves an emphasis which it would be rather difficult to exaggerate.

What can be said briefly of the teaching of medicine and the recruitment to the profession as they bear upon the Future? They will obviously affect it.

In teaching, the plethora of facts to be imparted to the student has created confusion, if not honest despair. It is not yet a commonplace, as it must some day be, that the students must learn more facts than a school can be expected to teach in its regular curriculum. Out of the present welter will come the calm if Spartan counsel that the teaching of medicine must be above all the teaching of how to learn medicine — the teaching of how to observe, experiment, reason and critically evaluate the experience of others through reading. Medical education is not a problem of packing a steamer basket with assorted fruits and fancies, intellectual baggage sometimes known as impedimenta. With the hook and line of curiosity, the rifle of straight reasoning, and the matches and salt of critical judgment, many a traveller has learned to live off the country of experience — and travelled the further thereby. Using important and illustrative diseases, experiments, and monographs as vehicles to instill methods and standards in observation, reasoning and reading, we shall in gradually increasing measure produce a graduate capable of going on by himself to master more than any school can teach in five years — and solemnly aware of the responsibilities implied by this form of education and of freedom.

The future will not be admirable until the procedure for the selection of professors and the promotion of juniors is substantially improved. The criteria for the choice should be more explicit, the canvass of candidates wider, the opinion consulted less local and so the decision more discriminating and deliberate than is now commonly the vogue. The procedure in Scandinavian countries is commended for comparison. And when if not in the future shall we fully realize that in most of medicine the example set by teachers is more important than their precepts or expositions?

It may be that some day we shall possess enough knowledge to subject students entering medicine to a sort of analysis or better a self-study which will result in the elimination of those students whose motives are ill considered, or but ill adjusted to the demands that will be made upon them. We should be able to make a more effective selection of students whose intellectual and emotional needs will be satisfied by the responsibilities of study and service to human beings and not by the exercise of arbitrary power or those varied imitations of virtue no doubt accept-

able to fellow climbers on the trellis work of a commercialized society.

The third large category of factors influencing the future of medicine is its status in society — a complex product depending in considerable degree upon the accepted view of disease and health. Sigerist has shown how the Hebrew, the Greek and the Christian interpretation of the meaning of disease determined some of the essential conditions for the growth of medicine. The Hebrews considered illness a form of divine punishment or retribution; the Greeks thought of it as a lack of harmony at times remediable but not admirable; the early Christians believed suffering a purification for the spirit and regarded the sick with something like admiration, awe and envy rather than fear, disgust, indifference, scorn. Changing quite clearly if only gradually we are in the earlier years of a new attitude: it derives from the concept that the pathological is a natural sequence of what we call etiological factors, factors either apart from the organism or preceding the disease process — but essentially separable and tangible as well as causative, and thus perhaps controllable. The direct corollary of this view is that health is not a supernatural blessing but a rational, natural state, a purchasable commodity or a prescriptive civil right, depending on how your society is organized. Exactly insofar as etiology is accurately known and disease can be controlled by impersonal and specific means, prevention and relief can be purchased privately, or publicly secured, or in some cases only received by public and general measures. That is the important thing for the future — this concept of health as something feasible, rational and right, and the transition from what is right to what are rights is so subtle and forceful and the social implications of many diseases are so obvious that the medicine of the future will have to reckon in increasing measure and without self pity with political, social, and economic forms and forces.

The earliest intimation of the ultimate boundaries of medicine are beautifully outlined in the words of Christ, "I am come that they might have life and have it more abundantly." From the study of human genetics, and of nutrition, from the study of the human being as an indivisible unity, from grave consciousness of our obligations to society, and no doubt from unforeseen quarters will come knowledge that may make it possible not only to free the single life from much disharmony and disease, but to improve the stock and quality of human beings. Thus the very nature and future of man may become imperceptibly the great responsibility of medicine.

Now lastly for the rôle of the unforeseen in the Future of Medicine. If it be true that the only thing we learn from history is that we do not learn from history, it is vain to mention the rôle of the unpredictable. But there is a special reason for emphasis upon the unexpected when one speaks of the Future to this audience. For can it not be one of the peculiar purposes of a university to give hospitality and welcome as well as criticism and fair trial to those rare persons who feel new forces, find new truths and bear witness bravely, modestly and clearly before their beliefs are accepted or even acceptable? This is no rhetorical question for the universities. History shows that it is only by effort that venerable institutions can be kept doubtful and alert. It takes more than common consent to keep awake more than three hundred years.

(1936)

THE SCHOOL AT WAR

by Lieut. Joseph S. Lichty '33

On June 24, 1943, 175 Harvard Medical students assembled at the School, freshly back from their vacations. They entrained for Fort Devens and returned two days later to "Vanderbilt Barracks" as 175 privates of the United States Army. They were soon followed by an additional 150 of their colleagues so that the full Army unit answered reveille at 6:30 A.M. on June 28. On July 2, at Headquarters, First Naval District, 165 of our students were called to active duty as apprentice seamen and assigned to work at the School. Thus we began the second semester of our 1943 academic year with a student body composed of the usual four classes divided into three groups — Army, Navy, and civilian. With a few exceptions such as an officer of the Peruvian Air Force on detached duty, the civilian group consisted of men physically disqualified for service with our own armed forces, and of foreigners.

Harvard's contract with the Navy is essentially the same as naval contracts with other medical schools. Our Army contract, which is somewhat atypical, includes housing and messing. The Army had hoped to place all of its students under barracks discipline but found that most medical schools had neither dormitories nor dining halls. The facilities of Vanderbilt Hall were obviously well adapted to such purposes. Thus, nowadays the entire north side of Vanderbilt Hall with its six floors has been assigned to the Army. In most of the rooms single beds have been replaced with double-deckers. At the foot of each hang gas masks and barracks bags. The men are responsible for the policing of their rooms and these are inspected frequently.

The Dining Hall has seen a great transformation. Gone are the small tables, the comfortable arm chairs and the obliging waitresses. The entire operation is on self-service. At the far end of the hall is a table extending the width of the room from which hot food is served in army dishes but on steel trays. New narrow tables with small chairs have increased the seating capacity to 300.

The rest of the School shows only minor changes. To ensure close cooperation between the School and the Army an office has been provided by the School on the first floor of Building "A" for the Army. In this office one now finds Major J. L. Rosengard as Company Commander and his staff of two sergeants and a corporal.

The new parking lot to the northeast of Vanderbilt Hall on Pasteur Avenue serves as a drill field. Each Friday the ever-inspiring spectacle of retreat is performed on the lawn in front of the School to the strains of martial music amplified from a portable phonograph. Once this sacred area had been desecrated by marching feet it soon became a touch football field, a purpose for which it is ideally suited.

The daily schedule of the Harvard Army medical students has now been revised and stabilized. Reveille sounds at 6:45 A.M. with formation by 7:00 A.M. This latter, which includes exercises and dismounted drill, is over by 7:30 A.M. After breakfast, sick call is held at 8:15 A.M. It is of interest that, under Army routine, the soldiers are gaining weight and the rate of minor illness seems to be definitely lower than in previous years. Medico-military classes are held at hours which do not interfere with regular medical work — late afternoons, evenings, and Saturday afternoon.

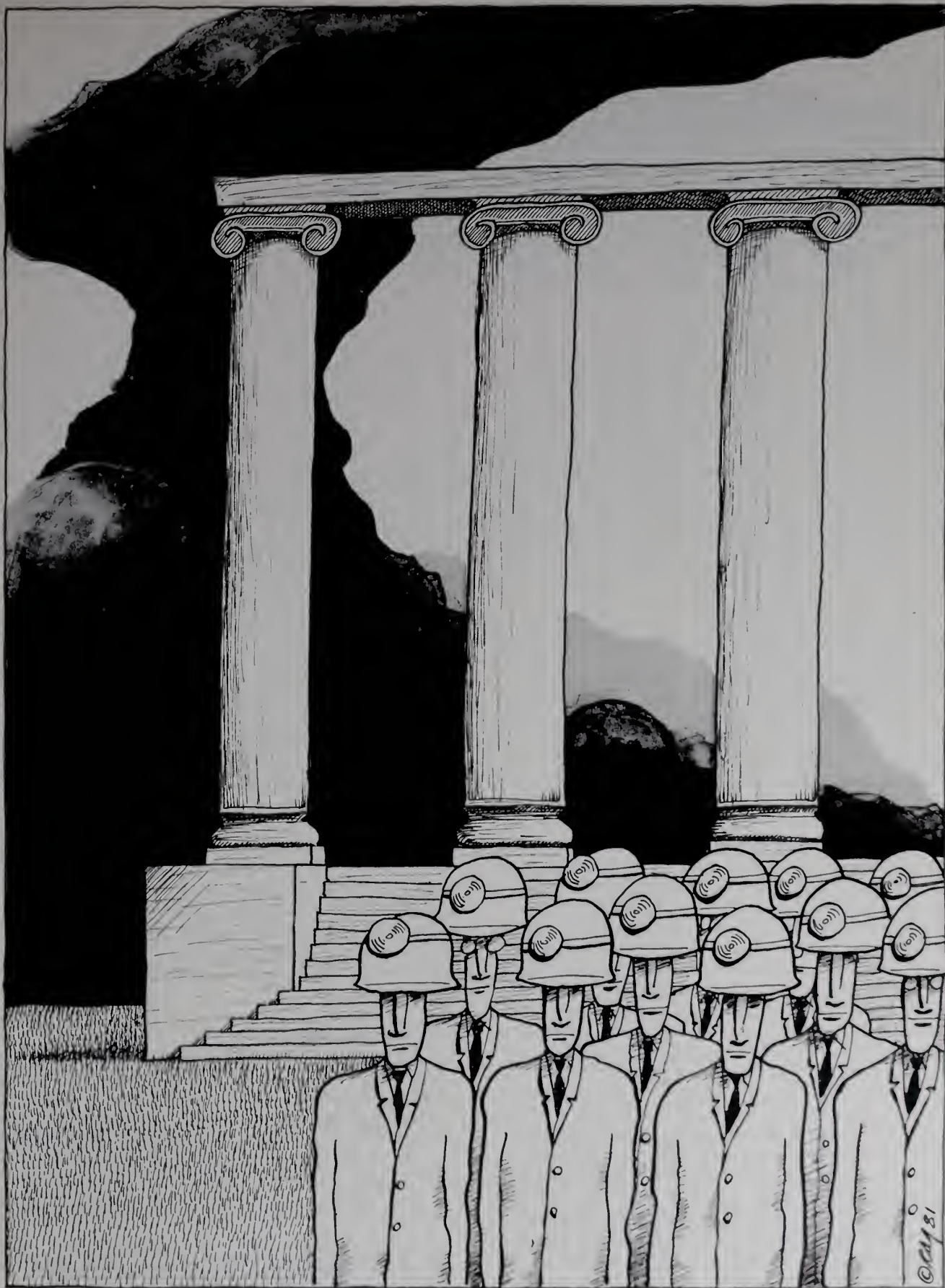
As for time off and passes, members of the Harvard Military have all the privileges that go with a Class "A" pass and, for distances greater than fifty miles, passes are granted on week-ends. Bed check occurs at 11:00 P.M. at Vanderbilt Hall.

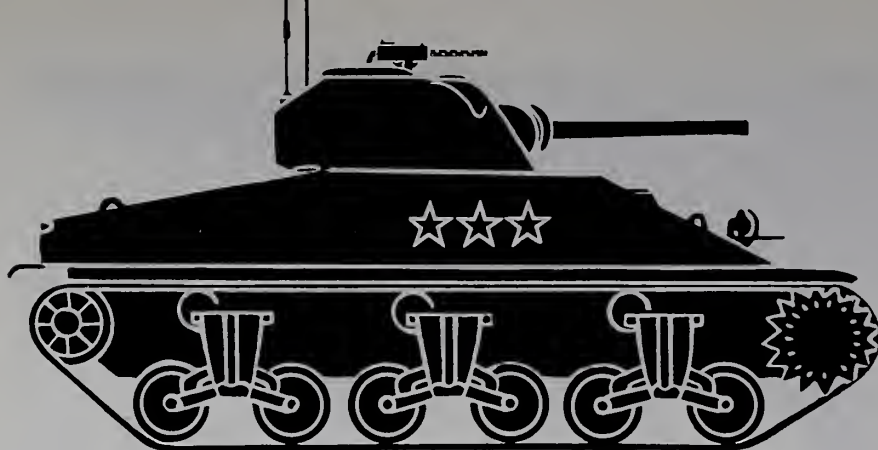
Each man has a standing order to cut any formation in order to attend laboratory or clinical work which can only be performed at the same time. In such instances he is asked to explain his absence but his word is the only evidence required. Men on service in obstetrics miss as much as two full weeks of the program, and fourth-year clinical clerks also are irregular in their attendance.

One of the most striking changes brought about by having as students soldiers and sailors on active duty has been for the School to find that a large proportion of its student body is transformed from a state of impecuniousness to one of relative opulence. The accelerated program which had reduced the amount of time for outside work and which had increased the frequency of term bills had forced an increasing number of students to undertake remunerative work while in school and to lean heavily on scholarship and loan funds. On becoming active members of the Army and Navy on Uncle Sam's payroll these men suddenly found themselves with a regular income and no living expenses. By order of both services, outside work of all sorts has been prohibited. Although this is a hardship to our affiliated hospitals in the way of blood donors and volunteer assistants, it is a boon to the students. Many now report that they are able to devote full time to their studies for the first time since entering the School.

The training program now in operation was designed primarily as a war emergency measure by which to furnish the Army and Navy a continuing supply of young medical officers. It will probably be followed, so long as the services need a supply of new medical officers every nine months. If the outcome of the war is immediate, the program may be abandoned on short notice. Until the war ends, it is reasonable to assume that the program as outlined will continue in about its present form.

(1944)





Tom Lanman's War Diary

May 12, 1942

Walked down the beautiful Irish lane in the evening and had my first drink of Irish ale with Harry Pratt in a pub that was right out of Dickens. The ale is warm and not very strong and costs a shilling, but they give you a full pint, which is about all I care about at any one session. It is pleasant, but hasn't much authority. Interesting to talk to the natives, their accent is really much more Scotch than South Irish. Very pleasant to listen to. Nearby is one of the oldest castles in North Ireland, built I believe, before the Norman Conquest.

August 2, 1942

First inspection yesterday, which went well. I remember lots of tricks from 1918 which apparently left the impression that I knew what I was doing, and was able to see a lot of things and yet not make an issue about them. Talked with all the NCOs. I have a chance to make some at least temporary appointments, which gives them something to work for. Quite remarkable to see how these men will work for you if they think you are taking any interest in them.

The water supply here is entirely inadequate even from a British point of view. The sewage is primitive — however, we do not have any particular problem as regards flies, so I hope for the best. If we were in any part of the States in midsummer, we certainly would have epidemics of food-borne and fly-borne disease.

A long conference with the chief nurse of the 2nd General, Miss Mutch, who, I would say, is a knockout, rather quiet, but with a lot of Scotch common sense. Suggested that the nurses under her, when off the post, wear attire which is more consistent with the Army rules! Bright red slacks and yellow sweaters puzzle the local peasantry, especially when encasing a very ample figure, and that figure on a bicycle.

August 14, 1942

The system I have started here of giving passes to convalescents is working out very well and we are having much less trouble with the local populace. It is interesting to see how hard it is to get it out of the mind of the regular Army officers that if a patient is well enough to have a pass, he is well enough to go back to duty. These hepatitis patients are requiring a very long period of convalescence, and even in a civilian hospital they would be so bored that it

would be difficult to maintain discipline. In any case, our trouble with the local police is now practically zero, since that intelligent system of giving these convalescents a little liberty has been started. The morale of the men and officers and the nurses is improving as a result of fixing up better places for amusement. Hull, of the 2nd General, has painted some really good murals of the New York Presbyterian Hospital in the officers' mess.

August 29, 1942

Paul Sheldon has started his occupational therapy shop and it is proving its worth with the convalescents. Dave Moore, with the help of some convalescent line officers, is starting a graded exercise program for hepatitis convalescents. They start in Class D, and as they are able to do more, are moved up through to Class A. Class A group takes regular exercise including a 5-10 mile hike with equipment. If they can stand this, they are then sent back to full duty.

My plan would be to have another intermediate step, a camp at Ballymena, to which Class A patients could be sent early to let them complete their work there. They would not have any much greater amount of physical work but they would live under barrack conditions rather than hospital-ward conditions, and, while under medical supervision, their immediate commanding officers would be line officers; insofar as possible, these officers would have been hepatitis patients. There is a very serious gap between life in a hospital and return to full field duty and I believe this policy, and this type of convalescent camp is essential and will be much more so when we begin to have actual battle casualties.

November 20, 1942

The North African Invasion has started.

November 28, 1942

We were originally sent to North Ireland because it was thought that the Germans were going to attack Southern Ireland and come up through North Ireland. Rumors are pretty hot that, now the North African Invasion has started, the place here is closing up and that the 2nd General will return to Oxford for a cross-channel invasion build-up. The only immediate problem is that of the pet dogs. Theoretically, they can't take them, but I think I can trust them to get the dogs aboard the boat without seeing them.

December 25, 1942

Have been acting as Executive officer of the 5th General Hospital in Salisbury since I left Warringfield. Lots of mail, no patients. Getting settled. Went to Christmas services at Salisbury Cathedral. Beautiful cathedral and service. Carols the evening before and dance at the Red Cross in Salisbury. Mrs. Ted Roosevelt there. Ted is over with the 1st Division and, I think, at Tidworth.

December 31, 1942

This executive officer business, I'm afraid, precludes my doing any surgery. Also, an order from headquarters at Cheltenham, which rather looks as though they were going to give me another CO's job. This is rather distressing and I wish I had not done so well with the job at Warringfield.

Having wriggled out of the CO's job that Cheltenham wanted to give me, it appears I have become known at Headquarters as a troubleshooter. I'm now slated to become CO of the 10th Station Hospital back in Musgrave Park, North Ireland. If I remember correctly it's worse than Warringfield.

March 31, 1943

Pleasant supper on the boat. At the same table some Polish RAF officers and British RA Major. How the Poles hate the Germans! There is a squadron of Polish in the RAF over here. They are supposed to be resting and doing only coastal patrol but they constantly make little trips over France, looking for trouble and usually finding it.

April 16, 1943

Lee Kendall arrived much to my delight to take over chief surgery. Walked in the evening with Lee and talked over various problems. Beautiful warm evening. Saw a flock of wild swan. The first I had ever seen.

April 20, 1943

Went to dinner with Consul Fuess, our U.S. Consul at Belfast, and his bride (one of our nurses) and almost put my foot in it. A Mrs. Flynn and her husband, who is professor of geology at Queen's were there. They seemed very pleasant except that Mrs. Flynn made some uncomplimentary remarks about the manners of the Americans. I was about to use my old argument that we must not all be judged by Hollywood and American moving pictures. Someone kicked me on the ankle so I changed the subject. Found out afterwards the Mr. Errol Flynn, who is figuring prominently in the papers in a law suit in Hollywood, is their son!

April 21, 1943

Beautiful spring day, the rhododendrons out. Drilled hard on reception and evacuation of convoys. Saw the base censor's report at HO and was amused to see that the base censor had quoted one of my letters to Gert, in which I had said the situation at the 10th was improving rapidly. The G2 boys certainly get around.

May 1, 1943

North African show seems to be about over.



July 3, 1943

Most interesting day, in that one of our men stationed at Beleek was seriously injured by an accidental tommy-gun shot. There being no U.S. doctor within thirty miles, the local doctor took him ten miles across the border to the hospital at Bally Shannon. The General and our Consul in Belfast, as well as our Minister in Dublin, called up about it. None of them would tell me to go and get him out of South Ireland, but it was obvious they wanted me to do it.

I took the jeep and an ambulance and drove eighty miles to Beleek. Here the inspector of the Royal Ulster Constabulary met me; also the local doctor. They assured me all I needed to do was put on a tweed cap and a tweed overcoat which they lent me, and I went over in his car. I asked about the ambulance and my driver and they said, "Oh, we'll get him a tweed coat, too," so the ambulance followed me apparently well-disguised in that the driver had on a tweed coat. The lettering, "U.S. Army" two feet high, created only amusement to both North and South Ireland guards. Went to the hospital at Bally Shannon. Found the patient had a gunshot wound entering just below the left mastoid and came just under the zygoma on the right. Why it didn't kill him, I will never know. He was in fair shape and I brought him back to Belfast without any great trouble and instituted treatment. He stood the trip well, the only positive finding being a slight left facial paralysis.

July 20, 1943

All day at H.Q. on hospitalization plans for next fall and winter, the "Bolero" plan, which will be the build-up for "Overlord."

August 2, 1943

Someone in the detachment acquired two lobsters. The E.M. came from Iowa and didn't know how to cook them. I had rather a good time going down and cooking the lobsters. They didn't taste quite like ours.

Directive from HQ about Christmas mail, which seems very early, but already there are signs of fall here in North Ireland. Summer comes early here and goes early.

Patient whom we sent back to the U.S. two weeks ago as a neuropsychiatric, was not so dumb as we thought. The Red Cross called up and I find he has sold his bicycle to two different people, collected the money from both of them, but neither one has the bicycle.

September 5, 1943

Good trip. Made my regular from North Ireland to London. Had supper with Harry Pratt at the new officers' club in Park Lane. Walked around in the evening with him and went to the Churchill Club of which I have just been made a member and had some corn on the cob. It wasn't very good and it cost two shillings per ear and there was no butter, but it was fun to eat it.

Short alert about 3:30 a.m. I got up and was wandering around to see what was to be seen and Harry heard my dog tags jingle and made his classical remark about the noise. "I wish you would take off those damn cow bells and let me sleep."



October 18, 1943

Up early and down to the docks to meet the 79th General. In the afternoon, the 2nd Division arrived at the docks. It was a most impressive ceremony of greeting by the British. The Duke was there and a representative of the general staff and a great entourage of dignitaries. I stood beside the British General's aide. He was a very dignified guardsman, the type one would hesitate to speak to unless properly introduced. The British General's speech was rather long and rather full of "blood-thicker-than-water stuff." I couldn't hear it very well and I was obviously trying to as I stood there. When he was through, his aide turned to me and again demonstrated how the British will fool you. His face lighted up with the most pleasant smile and he said in a whisper, "I couldn't hear the old boy either, but I know it was all bally rot."

December 29, 1943

Had our own Christmas dance. I told the nurses to put on civilian clothes if they wanted to. They all did, and it is quite extraordinary how it bucks up their morale and puts them in a very cheerful mood.

The General was there and in a very cheerful mood, too. He asked me how I allowed the nurses to be out of uniform, but I had my answer all ready for him and told him that it was my understanding that a CO could prescribe the suitable uniform for any occasion "on the post" and that I felt that this came under the head of organized athletics and that the nurses should be properly dressed for it.

I don't believe I would have gotten away with it, except he really thinks I haven't done a bad job here and he had also had a couple of our very good cocktails.

December 30, 1943

Office work all morning and in the afternoon, went to the children's wing of the Royal Victoria and performed a Santa Claus for the children. It was very good fun. The local press was there and took pictures of me, but I was well-disguised with my costume. Had a pleasant tea with the trustees afterwards. Did not sit up for the New Year, although I was awake and heard a good deal of it at 1 o'clock.

January 9, 1944

Had dinner at H.Q. with General Lee. It was really rather amusing as Mr. Grey, our minister in Dublin was there. He is Harvard College Class of '91 and knew my father. He asked for a half hour's conversation "alone" with me and I think the generals all thought I was getting the real low-down on the State Department and they treated me with the most extraordinary respect at dinner. Actually, all Mr. Grey wanted to talk to me about was my father, friends in Cambridge, and his rheumatism. Still it doesn't do any harm to have the high military officers believe that you are hand-in-glove with the State Department at Washington. Anyway when I came back from my talk, they had moved my place at the lower end of the table right up among the Brass (and me a Colonel and M.C. at that).



January 17, 1944

Our 10th Station Hospital has been transferred to England. Up early, 4 a.m. First echelon, left for England via the LMS. Everything went well. I wish I could sketch the faces of soldiers entraining, particularly in the dim light of a station that has been bombed.

May 15, 1944

Got my orders to report as Surgical Consultant for the newly established 12th Hospital Center. I will have to cover 15-odd U.S. hospitals of Southern and Western England base sections. (Very glad to be relieved at last of the duties of a CO).

September 15, 1944

We are beginning to get a fair number of cases of combat exhaustion. Poor devils, I don't blame most of them, but I wish some of these NP boys would realize that all of them are not just pure NP. They had a patient at the 93rd, a regular Army sergeant with fifteen years' service they were treating as an NP because he couldn't seem to eat, and his gastric ulcer perforated early this morning.

December 24, 1944

Sunday. Worked in the office all day. Christmas carols in the street after supper. News from the Continent is not so good. "The Bulge." That and the season made it a rather homesick evening.

January 7, 1945

All day with Sir Alexander Fleming, who gave us an excellent talk in the evening on penicillin. He is an extraordinary person with a wonderful sense of values and of humor. He predicted that the Americans would soon have penicillin chewing gum and he is darn near right, too.

May 2, 1945

Caught the 1:40 for London. Did some shopping. In the afternoon, stopped at the officers' club, where there was a big crowd and found that the Queen and Princess Elizabeth were inside, so I stuck around until they came out, as I had never seen them. She is a most charming-looking person.

The news is wonderful, and I am tempted to stay over, just in case they say the European war is over. Walked around Hyde Park corner after supper and listened to the soap-box orators. I have not done this since the V-I days. It is a great relief to walk around and not think and look for where you had better duck into if you hear them coming.

May 22, 1945

This hospital will be the last one to close, as so many are nontransportable. Heard that the 55th, which I wished to keep open longest, will be the first in this area to move. How very like the Army. Sat in the sun outside the Swan Tavern with Dick and Watson and watched the heavy bombers going west. A lot going home by air now. I was told I had orders to air transport back on July 5th. (1961)

The Alcohol Proficiency Curve

by Wyman Richardson '23



I must begin by emphasizing that this paper is not concerned with the merits or demerits of imbibing alcohol. It is not a paper on ethics, nor on social science. It does not deal with the problem of alcoholism. It is, however, a purely scientific article on the effect which the drinking of alcoholic beverages has on one's proficiency in certain games, with a view toward enabling the reader to win more consistently than he has in the past.

Perhaps I should explain what, in scientific jargon, a "curve" is. Strange as it may seem, such a curve may be, and often is, a straight line. In brief, a curve is a line drawn between a series of points each of which indicates the junction of two or more variables. This line may be drawn straight between the points, so that the resulting curve looks like a vertical section of the Alps. More often, the lines are curved and rounded. A few of the less honest sci-

entists (there are a few, I am sorry to say) joggle their curves rather badly; and almost all jiggle them, a process known to the trade as "smoothing out."

In this article, my curves are very simple. They consist only of plotting my proficiency at any given game, scored on the basis of zero to four, plus or minus, against the number of drinks consumed. (Zero indicates my average game; plus four, unexpected championship form, and minus four, complete dubbery.) In order to have the curves mean any thing, of course the drinks must be of reasonably standard potency. And perhaps I should call attention to the fact, though it seems hardly necessary, that in each experiment is carried through for a sufficiently long period, the end point always becomes minus four.

With this introduction, then, let me go on and describe a series of my own curves. May I point out first, however,

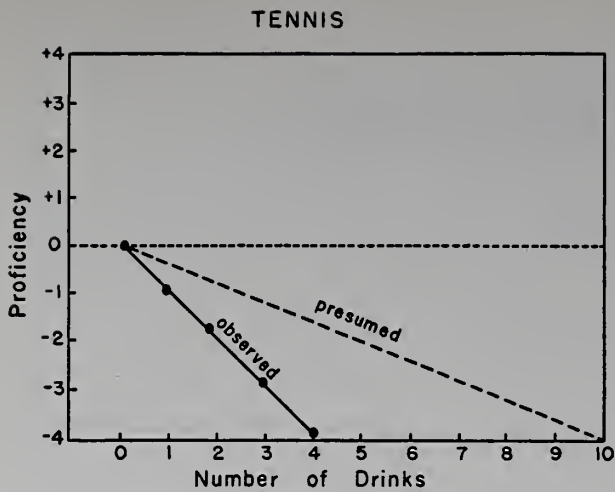


FIG. 1

that I do not expect these particular curves to fit any one else, although I do have an idea that the general pattern may be surprisingly standard.

1. Tennis

Little need be said on this subject. This is an example of a straight line curve, starting at zero and ending at minus four, usually in very short order. (See Figure 1.) If the tennis match is sufficiently important, it is obviously suicidal for me to take even one drink. Fortunately, however, my back is so out of kilter that I do not have to play tennis any more.

2. Golf

My data on golf reverts to many years back, in as much as I don't have to play golf any more either (see below), and refers only to driving ability. The reason for thus restricting the data is that most of my golf was played on "cow-mow-it" courses where putting, as such, did not exist, and where teeing up the ball, provided it could be found, on every shot was standard practice.

My golf driving curve is, in a way, the most interesting of all; first, because of its sustained plateau, and second, because of the tendency toward a secondary rise, or plateau, on the downward side. (See figure 2).

One would think, from glancing at my golf curve, that this might have been an ideal game for me; and so it might, had I not made a record which has never been, and probably never will be, touched.

It happened this way: I found myself, one morning, at the old Salem golf course, ready to drive off from the first tee. On this particular occasion, I had no opportunity, and, in fact, never considered trying, to improve my proficiency. As I stood up and addressed the ball, the thought of my performance two days before did not serve to bolster up my confidence. (I had shot four holes in forty-eight, and then had quit.) However, in my inimitable way, I took a terrific swing at the ball. The latter, in some unaccountable fashion, went whizzing off, absolutely at right angles, struck just short of the ninth green, dribbled along over it, and fell into the cup.

Nine holes in one stroke!

I went back to the club house, gave my clubs, or what

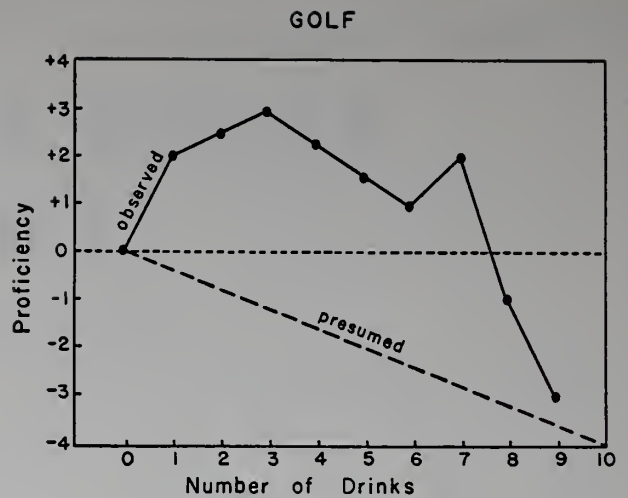


FIG. 2

were supposed to be clubs, to a caddy, and have never even tapped a golf ball since.

3. Horseshoe Pitching

My horseshoe pitching curve is a very even one, notable only for its rather rapid rise, and again for its sustained plateau. (See figure 3.)

As an example of the practical use of such a curve, I will cite the following case history: Several years ago, my son and I had arranged a championship match with a couple of our neighbors. Owing to a knowledge of their habits, we delayed our arrival until three-quarters of an hour after the appointed time, taking care to be sufficiently abstemious ourselves (this is always the difficult part) so as to be at point 3, while our opponents had already reached point 7 (marked by arrows on the chart). The result was that, though clearly outclassed on any handicap basis, we beat them easily 21-6, and 21-1.

4. Billiards

In no other game is a consideration of one's own, not to mention one's opponent's, proficiency curve so important. If this matter is handled with great delicacy and perspicac-

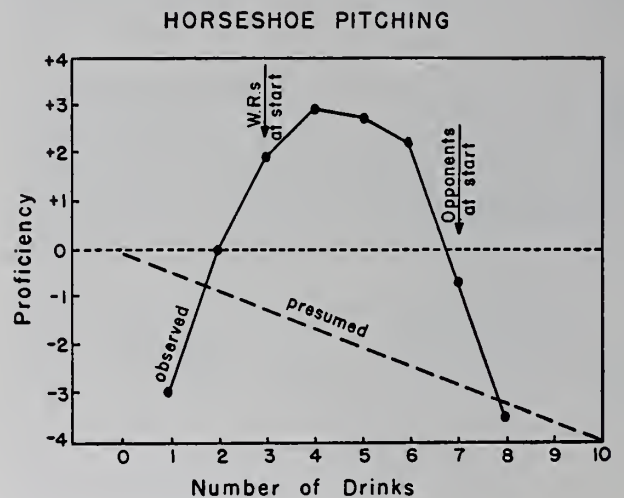


FIG. 3

BILLIARDS

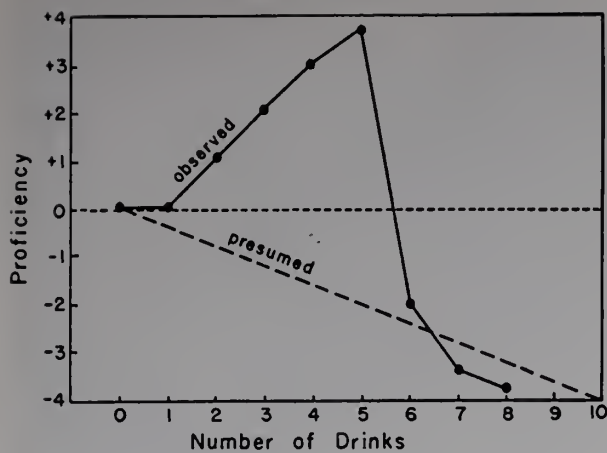


FIG. 4

ity, a distinctly mediocre player may sometimes actually be able to beat an otherwise undefeatable opponent. The great difficulty lies in the considerable length of time required, at least for players anywhere near my class, to play one hundred points.

The billiards curve is characterized by a rather slow rise, followed by a somewhat unpredictable, and very precipitate fall. (Figure 4).

The problem, however, is a fascinating one, and consists in planning to arrive at match point at the last possible moment before the curve starts to fall off. It can easily be seen that a mistake in judgment can well be disastrous.

5. Rifle Shooting (Gallery)

I must apologize for including this fifth, and last, curve; because, except for its spectacular peak, it is drawn almost entirely from memory, and a memory of experiences long, long past at that. Nevertheless, I believe this recreation of my gallery shooting curve is accurate, at least as far as its general contour is concerned. (See Figure 5.)

I can perhaps best illustrate this by the following case history: I once found myself in New York City, that most provincial of all cities. (I am not sure that every one will agree with me on this.) A medical meeting accounted for my presence. I don't know how it is with others; but I find it best, when attending such meetings, to have a few drinks under my belt. It gives one just enough euphoria to make one think he is taking in an immense amount of new knowledge, and at the same time provides enough amnesia to keep one's brain from being cluttered up with a mess of useless materials.

Having attended both morning and afternoon sessions, I figured I had done my duty, and decided to pass up the evening activities. Consequently, having been handsomely dined by my brother, he and I went to his club and played cowboy pool. I must have been near the peak of my billiards curve; for I beat him, although I understood he was high up on the club list. By the time I had accompanied him to his apartment, it was approaching one o'clock in the morning, and I should have had sense enough to go to bed — but I didn't.

I wandered around here and there, and, perhaps an hour later, found myself crossing Broadway. Shortly after,

GALLERY SHOOTING (RIFLE)

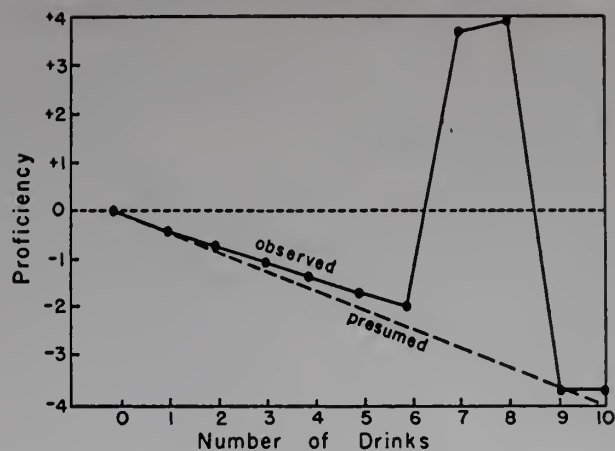


FIGURE 5

coming upon a shooting gallery, I walked in. There was a sleepy-eyed, rather bald, little man sitting at the end of the counter. Not another soul was in the place. He loaded a .22 rifle for me, and I picked the largest target I could find, a white metal disc with a four inch hole in the middle. I aimed and fired.

"Bong!" went the target, indicating a bull.

Next I tried the one with a one inch hole, and rang the bell again.

Then I tried the one with so tiny a hole I could hardly see it.

"Ping!" for another bullseye.

"Give me something harder," I said.

The man turned a switch, and a parade of white pigeons, which he called ducks, came easing along out of the wings on a trolley. I bowled them over, one by one, as fast as they appeared.

"Give me something harder," I said again.

The man pulled a string, and a row of twelve imitation gas-lit candles suddenly showed up. I fired one shot and missed.

"Little lower," grunted the man.

I aimed a little lower, and proceeded to put out all twelve in succession.

"Haven't you got something harder?" I asked, somewhat irritably.

"Sure," said he, as he turned another switch.

A spotlight shone out, focussed on a large, white disc, about four feet in diameter. At north, south, east, and west were attached the tiniest clay pipes you can imagine. Then the man turned another switch, and the disc began to revolve rapidly; at least I thought it rapid, perhaps one revolution every two seconds.

I broke the four pipes with eight shots!

"Want to shoot some more?" asked the man, hopefully, when I put down the gun.

"No, thanks," said I, as I paid him off. I've had enough."

I turned around to leave, and found titty people crowding in, watching me.

"You from Texas?" the man nearest me finally asked.

"No, Boston," said I, and with that I marched out of the place.

(1951)

How to Get Into the Harvard Medical School

(1900 A.D. Version)

by Frederick L. Good '04



Not long ago I called at the office of Jim Faulkner, Dean of Boston University Medical School, to intercede for a young gentleman who had applied for admission to Boston University Medical School and who had been notified of his rejection. This particular candidate had graduated from one of New England's leading colleges. His marks were such that he thought there was no question but that he would be accepted wherever he might apply. He had been informed by Jim that good as were his grades, averaging about 85%, the grades of the successful candidates averaged about 90% or better.

After my talk with Jim I was convinced there was no chance of the young man being admitted that year. I so informed the candidate and suggested to him that he take one year of post-graduate work in chemistry, biology, comparative anatomy, etc., and then apply for admission one year later. He followed my advice and again received marks averaging about 85%; again he applied for admission and again he was not successful.

During our conversation Jim Faulkner remarked: "There is no marked difference in the requirements for admission to medical school today than was the case at the time when you and I entered Harvard Medical School. You know it was not easy for you to be admitted to Harvard Medical School." Before he could say any more I courteously interrupted him and said: "Jim, my problem was not how to be admitted, but rather how I could stop myself from being admitted."

I told Jim my story and now, many months later, I have been asked if I would allow that story to be published in our *Alumni Bulletin*. Let it be understood, then, that I did not seek the *Bulletin* for its publication — rather, the *Bulletin* sought me. So here is my story — a story which to be understood necessitates my telling of my preliminary training.

I was born in Cambridge and after graduating from St. Paul's Grammar School in 1896, I entered Cambridge Latin School as a member of the Class of 1901 (the course at Cambridge Latin School at that time being one of five years). During summer vacations I worked at the Harvard

College grounds in the capacity of a guide. Previous to 1896 anyone who wanted to show visitors the Harvard grounds and buildings could do so. In 1896 the College authorities decided they would designate those who could act as guides and decided that the guides would have to be either students at Harvard or boys of high school age who were preparing to enter Harvard after graduation from high school. All the guides were under the supervision of the College Bursar. Benches were provided directly outside University Hall on which the guides were seated until called upon to perform their duties. The close proximity of the guides' benches to University Hall made it quite easy for us to develop at least an acquaintance, if not a real friendship, with some of the officers of the University.

In June, 1900, I had completed my fourth year at Cambridge Latin School. As was the custom at that time, I took the so-called "preliminary examinations" for admission to Harvard College. If one passed the preliminary examinations he took his final examinations one year later and, if successful in the final exams, he could then enter Harvard College. In 1900 there was no "College Board" examination, the passing of which today allows one to enter any college. If you wanted to enter Harvard you would take the Harvard exams; if you wanted to enter Yale you would take the Yale exams.

The Master of Cambridge Latin School, the late Mr. William F. Bradbury, "recommended" me to take preliminary examinations in English, American and English history, Latin, Greek, French and physics. He did not recommend me to take the preliminary examinations in algebra and geometry because of my having flunked both of those courses at Latin School.

I knew that over the years some others who had flunked courses and were not recommended to take the preliminary examinations in the subjects they had flunked, nevertheless took the examinations in the "flunked subjects," and if they passed the same successfully, the passing grade in the examination nullified the flunk at school. Much to my surprise I passed every subject in the preliminary ex-

amination and it pleased me to think that I could enter Harvard in the Class of 1905.

In the year 1900 Cambridge Latin School re-opened on the day after Labor Day. As I entered the building at 9:30 A.M. I was met by Miss Dodge, the secretary of Mr. Bradbury, who informed me that Mr. Bradbury wanted to see me in his office before I went to the senior classroom. That pleased me because I felt he wanted to congratulate me on my good luck in passing the examinations in algebra and geometry. That pleasure lasted just about five seconds because, instead of being congratulated, I was told that I was to take algebra and geometry with the Junior Class but could take the other courses with the Senior Class, and that I could not graduate in 1901 since it would be necessary for me to return to school in 1902 to take my "advanced" courses in algebra and geometry. That made me a member of the Class of 1902.

When one was appointed a guide he promised to at least try to perform his duties until October first of each year. When I left Cambridge Latin School that day after Labor Day I walked the short distance from the school to the Harvard yard and told the other guides of my ill-fortune, insofar as my visit with Mr. Bradbury was concerned. They were all sympathetic and suggested that I see Mr. Stanley Cobb, who at the time was Secretary of the Lawrence Scientific School. I told them there were two reasons why I could not see him:

1. I felt I did not know him well enough.
2. I did not think Mr. Cobb could make Mr. Bradbury change his mind.

College that year (1900) opened on September 28th. On the afternoon of September 27th I reported as usual at the Harvard yard and was met by a Mr. John O'Donnell, a graduate of Harvard in the Class of 1900, who was also a guide (now deceased), and was told by him that "Stanley," meaning the Secretary of the Lawrence Scientific School, wanted to see me. Mr. O'Donnell told me that if I did not mind he would go with me to Professor Cobb's office in University 5. We entered the office and the conversation was as follows: "Fred, did you know that this year is the last year that one can enter either Harvard Law School or Harvard Medical School without a degree of A.B., B.S., or 'the equivalent of the same.'" I answered I did know that. I was then asked: "Well, why don't you enter Law School tomorrow?" I laughed and said: "I could not if I wanted to because I did not take the entrance examinations for admission to Law School." Professor Cobb informed me he thought the preliminary examinations for admission to the college proper, which I had passed the previous June, would be enough to allow me to gain admission to Harvard Law School. He said: "At least, I will do everything I can to have them admit you because it is my opinion that the examinations given for admission to Law School and to Medical School are not nearly as 'stiff' as are the preliminary examinations for admission to the college. I suppose I somewhat surprised Professor Cobb and Mr. O'Donnell by saying: "Well, I don't think I would be interested in law, but I am certain I could make myself interested in medicine."

Without any further ado Professor Cobb telephoned Dr. William Lambert Richardson, Dean of the Medical School, presented the facts to him, and at the conclusion of

the telephone conversation told me to be at Harvard Medical School, corner of Boylston & Exeter Streets, Boston, the next morning at 9 o'clock, with a registration fee of \$5.00. He also gave me a very fine letter of introduction to Dr. Richardson.

Psychiatry, as a specialty, was in its infancy at that time, and that is why I think that when I went home from the Harvard yard late that afternoon and told my parents that I was entering Harvard Medical School the next day that a psychiatrist was not called to look me over. However, when I explained to them how it was brought about, they agreed that if I thought I would really like medicine and if I thought I could make the grade, I could go to Harvard Medical School.

The next morning, shortly before 9 o'clock, I appeared at the office of Dr. Richardson and presented my letter of introduction to Miss Sullivan, the Dean's secretary, who informed me that she knew that I was coming since Dr. Richardson had told her yesterday that he had admitted me — admission over the telephone! However, it appeared for a few minutes as if I would have to go right back to Cambridge Latin School because after he had read Professor Cobb's letter and I had been formally introduced to him, Dr. Richardson said: "Mr. Good, Professor Cobb makes no mention of what your marks were in chemistry and qualitative analysis." I told the good Dean that there was no mention that could be made because I had never taken courses in chemistry or qualitative analysis. Quickly he informed me that he thought it would be absolutely impossible for me to enter Medical School. He added, however: "Sit down, young man, and let me talk to Professor Cobb on the telephone." He entered the telephone booth, called Professor Cobb and, whereas it might have been better for me to try not to hear the conversation, I nevertheless did hear it. I heard him say: "From what you say he must be a very bright boy but, frankly, I have my doubts. However, I will do as you say and we will just have to await developments to see how it ultimately turns out." Dean Richardson left the telephone booth and informed me that Professor Cobb told him that he felt certain that if I were allowed to enroll not only in the Freshman Class of Harvard Medical School but also in the Freshman Class of Harvard Dental School, I could take the necessary courses in chemistry and qualitative analysis at the Dental School since the courses at the Dental School were given only one afternoon a week, and that was on Saturday afternoons when there were no courses at the Medical School. Of course, I felt duty-bound to go along with Professor Cobb's appraisal of me and "modestly" informed Dean Richardson that I felt certain I could do as was outlined.

I left the Dean's office at the Medical School, walked down to North Grove Street, met Professor Smith, introduced myself, told him what I was supposed to do and was enrolled in the Dental School. If I recall correctly, the charge at the Dental School for taking the courses in chemistry and qualitative analysis was twenty dollars.

Every Saturday at 1 p.m. I went to the Dental School and at the end of the course I succeeded in passing the examinations; and during the second semester of my Freshman year was a full-fledged member of the Class of 1904 at Harvard Medical School. (1953)

AESCULAPIUS INSPECTS THE HARVARD MEDICAL SCHOOL

by Frederick C. Irving '10

Early one morning last spring I stood on the roof of the Boston Lying-in Hospital enjoying the fresh air and watching the sun rise. Behind the downtown buildings the horizon had paled; already it was light enough for me to distinguish things about me. No noises arose from the streets below; there were no sounds of traffic to break the silence of the early day. I heard someone moving behind me, and turning quickly I saw a figure emerging from behind the penthouse of an elevator. It was that of a bearded man clad in the flowing robes of ancient Greece, who held before him planted firmly on the roof a long staff about which a serpent was entwined.

My first startled thought was, "Here is another of those refugee doctors." Since the end of the war, and even before, they had over-run the hospital; in some way this one must have escaped the vigilance of the house staff and made his way to the roof. Unusual costumes were nothing new; we had entertained East Indian women doctors in *saris* and sandals, Chinese women doctors in high-necked silk blouses, Hungarians of both sexes in high boots, and South American males in lavender zoot suits. I had never seen, however, any one attired in the fashion of twenty-five centuries ago.

The apparition spoke: "I am Aesculapius, son of Apollo. I am the god of medicine."

Thinking that some friends of mine, who possess in an exaggerated form what passes for a sense of humor, were playing a trick upon me, I was about to introduce myself in turn as James Bryant Conant. Luckily, however, I paused to inspect my visitor more closely. Although his beard was gray, his countenance displayed the bright hue of youth, and upon his brow there rested an air of supreme and natural dignity. A faint aura played about him, making him clearly visible in the obscurity of early dawn. "Here is something," I said to myself, "that transcends the earthly."

Apparently he could read my thoughts, for he con-



tinued: "Doubt not; the gods are immortal. Either they exist today, or they never have existed."

There was logic in this; also it was as plain as a pike-staff that I was not dreaming, for to my right was Vanderbilt Hall and before me was the gray bulk of the medical school. A few yelps from the Angell Memorial Hospital added a further evidence of actuality. If these things were real, so was Aesculapius, and if Aesculapius was real those jolly old tales of Europa and the bull and the rape of Proserpina must be true, and all kinds of interesting things might happen at any time. I could imagine Mrs. Arlington Berkeley of Commonwealth Avenue, like Leda, being got-

ten with child by Zeus in the form of a Public Garden swan. I could picture leering satyrs in Louisburg Square hiding behind the trees and statues and lying in wait to deflower the venerable virgins of Beacon Hill as they emerged in the evening to water their dogs. What a place to live in Boston was going to be from now on!

"I am sent hither," continued Aesculapius, who by now had apparently sensed my conviction, "by my father Apollo, the physician to the gods — he has strictly a Back Bay practice — to inspect the medical schools of America. With my daughters, Hygeia and Panacea, I arrived a week ago in the chariot of the Sun. We have stopped first at Harvard because of all American universities its distance from Mount Olympus is the shortest in a straight line. Harvard, I understand, believes this span to be even shorter intellectually than geographically and maintains the real point to be, not how far Harvard is from Olympus, but how far Olympus is from Harvard.

I am told, moreover, that there exists at Harvard a group of doctors which calls itself the Aesculapian Club and has for its object the veneration of my name. Word has come to me also that once in the midwinter and again in the springtime these votives of mine hold a feast with appropriate rituals and ceremonies as becomes the worship of a god, and that at the spring feast they perform a play in further celebration of my divinity."

"That is true, Aesculapius," I replied.

"This play, I trust, is not a ribald, bawdy, and licentious comedy after the fashion of Aristophanes?"

"The plays which I have seen," I answered, "convince me that your worshippers in Boston would consider Aristophanes a prude. Moreover, I fear that as the evening wears on many of them are apt to transfer their allegiance to Bacchus."

"A notable tosspot and a low fellow," he said, "but I must confess that his potations add much to the gaiety of life; also, they are not without a certain therapeutic value, for they relax the peripheral arterioles.

"My daughter Hygeia," he went on, "has been busy at the Harvard School of Public Health, helping with the latest of its periodic reorganizations. My other daughter, Panacea, she who can cure all ills, has spent her entire time in the department of pharmacology in your medical school. She has introduced there what appears to be a new and startling concept; namely, the treatment of diseases by the use of medicines. Although such an idea is against all traditions of the department, she has been treated with tolerant courtesy. So far, however, she reports no converts.

"We are awaiting the same car of Phoebeus which brought us. Shortly it will appear on the eastern horizon and, after it has gathered me up here and my daughters who are waiting on the roof of Building A, we shall be on our way.

"I myself," he continued, "by becoming invisible, as is the prerogative of a god, have been able to attend unseen lectures, recitations, and laboratory exercises in your medical school. As regards your teachers, I am of the opinion that Demosthenes need not fear for his laurels as an elocutionist. Still invisible, I have also devoted considerable attention to your administrative department. Ordinarily, because of my divine origin, all secrets are revealed to me

and I can read the thoughts which lie behind the eyes of mortals; moreover, the most intricate details of the Eleusinian mysteries are as elementary to me as the alphabet; but, my friend, I tell you frankly" — and his voice betrayed a note of frustration — "after many hours spent in the dean's office, I still have no clear idea of what goes on there. Presiding over its portal, however, is a minor goddess by the name of Murphy who seems to know her business."

"What has impressed you most during your visit?" I asked.

"The most striking incident I encountered," he replied, "was not at Harvard Medical School at all, but in one of the general hospitals affiliated with it. It concerns a solemn ceremony known as 'medical grand rounds.' Let me describe it exactly as it happened. Preceded by nurses dressed like priestesses in snowy white, the long procession starts down the aisle between the beds. Although the *cortège*, as you shall see, is not lacking in impressiveness and dignity, in ancient Greece we would have added certain touches and embellishments; for instance, in addition to the priestesses we would have provided a group of virgins in the vanguard whose duty it would be to tread a stately measure and to strew sprays of myrtle and garlands of bays before the advancing feet of the professor. Accompanying them would be youths in leopard skins, playing upon the pipes and timbrels, and over all would be heard the soft notes of the lyre. I offer these suggestions in no spirit of criticism but in the hope that the professor, who through a sense of modesty may have omitted them, or who more likely did not happen to think of them, might deem them artistic additions to the pageant.

"But to return to the procession as I saw it. After the priestesses comes the high priest, or resident, also clothed in white. Serried ranks of fountain pens containing inks of varied hues and rows of colored lead pencils fill one breast pocket of his coat, and in the other are a bevy of throat sticks. In his side pockets are a little rubber-headed hammer, an ophthalmoscope, a tuning fork, and a stethoscope. This I understand is standard field equipment for a medical resident. Next comes the professor, moving majestically. Behind him are neophytes and familiars bearing records, charts, electrocardiograms, x-rays, and the other *impedimenta* of scientific medicine. In the wake are other neophytes and familiars, students, visiting doctors of American descent, visiting doctors of alien descent, nurses, dieticians, orderlies, social service workers, ward maids, villagers, and peasants.

"The patients gaze apprehensively at the advancing procession; in their eyes one sees the look that marks the stricken doe. Every body cavity of theirs closed or open, including those which open only on occasions, has been explored with needles, catheters, or rubber tubes of assorted lengths and calibers, and the contents thus obtained has been subjected to the most searching scientific analysis. These patients have no secrets from the doctors; indeed, they even have no reticences.

"The professor pauses by a patient's bedside, the *cortège* halts, and the resident begins to intone his description of the case. Fact follows fact, scientific datum follows scientific datum, all delivered in the mysterious jargon of erudite medicine. At length he pauses. So far no one has asked the patient what is the matter with him or how he feels.

"A heavy silence falls. The professor regards the patient broodingly. At length he turns to the resident.

" 'Doctor,' he says, 'what is the blood phosphate?'

" 'It is normal, sir.'

" 'And the phosphatase?'

" 'Within normal limits.'

" 'Another pause; then:

" 'How about the Van den Bergh?'

" 'The direct or the indirect?'

" 'Both.'

" 'Both normal, sir.'

" 'How is the gold sol?'

" 'Normal.'

" 'And the Bi-sod-al?'

" 'I beg your pardon, sir?'

" 'The Bi-sod-al?'

" 'I'm sorry, sir, I neglected to have it done.'

" 'And have you also neglected to determine the Ortho-gynol?'

" 'Confusedly the resident admits this error also.

" 'Doctor,' the professor demands with studied patience, 'may I be permitted to inquire if you have deemed it necessary to have any endocrine studies made?'

" 'Yes, sir, I have.'

" 'And what do they show?'

" 'The pregnandiole, the gonadatropic hormone, and the estrogens, including the estrone, the estriole, and the estradiol are all abnormally high for a man.'

The professor gazes out of the window deep in thought. It is a bright, sunny morning; little clouds drift across the sky and the trees sway gently in the breeze. A pigeon flutters down to alight on the windowsill; he looks in, defecates hastily and is off again. Moments pass; all eyes are fixed expectantly on the great man; all ears are strained to catch his first word. He is thinking; and so quiet is it that the assembled company can just detect the faint rumble of mental peristalsis. At length he speaks.

" 'Gentlemen,' he says as he turns to his *entourage*, 'I have a humiliating confession to make. To so high a point has scientific investigation been carried in this hospital that it has become unnecessary to take a patient's history, but here we are faced with a situation which can be solved in no other way. I beg your indulgence, therefore, while I ask the patient two questions, but only two.

" 'Mr. Brown,' he says, 'do you undress in the dark?'

" 'Yes, sir.'

" 'Mr. Brown, do you sit down to urinate?'

" 'Yes, sir, I do.'

" 'Doctor,' says the professor, turning to the resident, 'have this man transferred to the gynecological service for a hysterectomy.' "

By this time it had grown lighter. "I have not much longer to stay," said Aesculapius, "and in what time remains I wish to ask some questions about Harvard Medical School to which I lack the answers. Will you supply them?"

"If I can, Aesculapius."

"I find your students well trained in the science of medicine, but I also find them poorly instructed in physical examination and even in ordinary observation; nor can I discover that they have been taught anything about those practical factors — call them social, philosophic, humanis-

tic, or what you will — which are so necessary to make a man a good doctor; in my opinion they know no more about the use and dosages of drugs than does the fetus nestling in its mother's womb, yet I tell you without flattery that there are no better practicing physicians than Harvard graduates. How do you account for it?"

"They learn those things in the hospitals where later they serve as interns and residents."

"Then I think," said Aesculapius, "that it should be the hospitals which confer upon them their degrees of doctors of medicine."

"There are many who agree with you."

"I realize," continued he, "that once a student embarks upon the pursuit of medicine he enters the most exacting novitiate there is — one which admits no opportunity for the further development of general culture. I therefore ask you if, realizing this, the Harvard Medical School requires that its matriculates be versed in such studies as literature — both classic and modern — history, philosophy, and the fine arts, for these form the background for every educated man?"

"By no means, Aesculapius. Harvard Medical School — and in this it differs not at all from others — requires that every student who enters should have devoted in college the equivalent of one year to biology, chemistry, and



physics; hence if his college course lasted four years he would have spent one year or one-quarter in science; if three years; one-third and if, as was frequently the case during the war, two years, one-half. If you add to this required year the extra and unnecessary science courses urged upon unsuspecting students as a further preparation

*"I've heard that professors
in your school are known as
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demigods, but distinctly above
the rank of mortals."*

for medicine by their uninformed deans, you can understand why so many young men come to medical school today with practically no general education, although the kind of citizens and even the kind of doctors they may be is governed more by their cultural background than by anything they may learn in the laboratories. If a student who

applies for admission to a medical school is familiar with pre-Socratic philosophy, or if he can read Horace, Dante, or Montaigne in the original, or if he understands how the introduction of perspective and the illusion of distance altered the course of Italian painting, he had best be quiet about it lest the authorities suspect that while prowling about in the enthralling storehouse of the past he has stolen too much time from his scientific studies."

"This is indeed a great pity," said Aesculapius, "for when your students go out into the world to practice they will encounter among their patients and other laymen a number of people of intelligence and education; all their time will not be spent with other doctors."

He gazed reflectively at the medical school, whose windows were now gilded by the first rays of the sun.

"A stately pile," he said, "and larger than my temple at Epidaurus; yet Hippocrates, the greatest physician of all time, taught under a plane tree on the tiny island of Cos, and his influence has pervaded medicine even to this day."

"Most of what you see is taken up by laboratories," I explained.

"Laboratories," he reflected, "tell me something of scientific medicine and of those who teach it. I have heard that all professors in your school are now what is known as 'full-time' men; not quite demigods, as I understand it, but



distinctly above the rank of mortals. Being full-time, do they spend both day and night in teaching and in the care of the sick?"

"By no means, Aesculapius. On weekday mornings they reach their offices at 9 o'clock, or thereabouts, and leave at 5, or thereabouts. On Saturdays they leave at 1, or thereabouts. They have vacations every summer from early June to October and they have a recess at Christmas and in the spring. They do not work on Sundays, nor on national or local holidays. So far, however, they do not observe saints' days."

"And yet they are called full-time?"

"Yes, Aesculapius."

"During my short stay in your city," he continued, "I have overheard certain phrases in the vernacular which have excited my interest. Would it be correct to say that these full-time professors were riding the gravy train?"

"You have put it pithily. But on the other hand there are certain drawbacks to a full-time career. In most medical schools all teachers are underpaid, and Harvard is no exception. But more important still, oddly enough, is the sacrifice of personal liberty. If a full-time teacher for any reason should wish to withdraw from the medical school or from his hospital and enter private work, he would find that few if any patients would come to him, for he had never developed a private practice. The instinct of self-preservation is strong among the laity, and when they are sick they prefer to be taken care of by doctors rather than by professors. The full-time man, therefore, always has his head in the academic noose."

What you have said about these individuals interests me greatly," said Aesculapius. "Will you be good enough to tell me how professors are appointed at Harvard Medical School?"

"With pleasure. I have served on several committees designated for that purpose and I assure you that aside from the goings-on in *Alice in Wonderland* I have never encountered elsewhere anything which resembles their actions. To begin with, no one who knows anything about the subject under discussion is eligible for membership; that might result in a prompt and efficient decision, which would be against all precedent. Let us suppose, for example, that a new chair of comparative proctology is to be filled. A group of heterogeneous professors is selected, their chief qualification being that the anatomical knowledge of each must stop at the sigmoid flexure. The committee first compiles a list of candidates obtained from the catalogues of other medical schools, from correspondence with doctors in other cities, and from the rosters of so-called learned societies. When at length they become desperate for a likely person I have even heard the use of a quija board suggested. The next step is the preparation of a bibliography for each candidate. An impressive bibliography is one containing a great many titles and covering numerous mimeographed pages. The more crafty and suspicious members of the committee then eliminate all reviews of the literature and addresses to graduating nurses, which often reduces the bulk considerably. But do not underestimate the power of a bibliography; the committee regards a candidate with a long list of published articles as a scholarly scientist, just as the Iroquois Indians regarded a

warrior with a large number of scalps hanging at his belt as a Heap Big Chief, but in the case of the Indians there was far more reason."

"I suppose," said Aesculapius, "that the committee reads all the articles in the bibliographies?"

"Not all; most of the members stand on their constitutional right which forbids the infliction of cruel and unusual punishments. But to continue: At this point two *dichés* begin to be bandied about. These are that a candidate must be 'exciting' and that he must be interested in the comparative proctology of the future. Just what the committee means by exciting is not clear; one may imagine a person as exciting enthusiasm, apathy, or revulsion. At about this time also some member is always ready to upset tradition and to jump the gun by proposing a definite candidate, which he does in somewhat this fashion:

"I believe that Meyer Feitelbaum of Texas Christian is just the man. He knows all about the lower bowel in the higher apes, the lower apes, and the apes; also in the vertebrates and the invertebrates; if amoebae had intestinal tracts he would undoubtedly know all about their lower bowels. In fact, he is more than a comparative proctologist; he is a superlative proctologist."

"But will he develop the comparative proctology of the future?"

"If his ideas are successful proctology will have no future. He is now working on a project which by the use of predigested foods, vitamins, and the extensive employment of parenteral feeding will in time do away with the necessity for the lower bowel. It will then become a vestigial organ; and man will at length enjoy the advantage possessed so far only by the American wildcat. Absence of the lower bowel will remove the necessity of going to the bathroom; think of the millions of man-hours that will be saved every morning in Massachusetts alone."

"Here another member of the committee breaks in hesitantly.

"I dislike to bring this up, but I believe we should face the facts. Is this man Feitelbaum by any chance an M.D.?"

"Fortunately no. He is a Ph.D." Whereupon everyone sighs with relief."

"And what, pray, is a Ph.D.?" Aesculapius interrupted my narrative to ask.

"A doctor of philosophy."

"Is he a doctor or is he a philosopher?"

"He certainly is not a doctor, neither is he a philosopher. He is one who spends three years in the study of some esoteric problem which has escaped — some say is beneath — the notice of the average individual. Then he writes a thesis."

"Not a very broad training," remarked Aesculapius.

"You are, I fear, a reactionary. In modern medical schools a Ph.D. is regarded as a scientist and a scholar, while an M.D. is just another doctor. But perhaps you would like to hear the titles of some theses written in recent years by candidates for this degree in Harvard University?"

"I should indeed."

"One was called 'The Regeneration of the Head Segment in the Earthworm.' It appears that the earthworm as he burrows his way through the soil wears out his front end, and this thesis explains how he renews it."

"Who cares?" said Aesculapius.

"If a student is familiar with pre-Socratic philosophy, Horace, Dante, or Montaigne, he had best be quiet about it lest the authorities suspect he has stolen time from his scientific studies."

Unrebuffed I continued, "Another was written on 'The Biology of Midgets.' This is very important if you are interested in midgets."

"It would be even more important if you were a midget," replied Aesculapius. "All this reminds me of a line from your Oliver Goldsmith: 'These little things are great to little men.'"

"That, Aesculapius, has all the earmarks of a nasty remark."

"Maybe so, but as a class I have found scientists to be technologically capable and socially dull; but if we must have them, let us train them carefully for their work just as Plato planned for the education of rulers in his ideal state. Let us segregate them for this purpose from the cradle, and bring them up in sequestered surroundings, thoroughly indoctrinated in all the branches of science. Since a constant supply of such bright young men will be needed in future generations, let us procure them by breeding with young women of the highest intellect, handmaidens of Pallas Athene; but let us accomplish this by artificial insemination, so that our scientific youths will be spared the distraction and annoyance of sexual intercourse. But I digress: what happened to Feitelbaum?"

"Oh, about the time he seemed certain of selection as the professor of comparative proctology, the wealthy benefactor who had promised to endow the chair recovered from his strangulated hemorrhoids and was no longer interested."

"But if it had been otherwise would the committee's decision have been final?"

"Not at all. It would have required the approval of all the professors, and of the President and Fellows, with the consent of the Overseers."

"Who are the Fellows?"

"Oh, just fellows."

"And the Overseers?"

"They overlook things."

"Then I judge that the President really makes the decisions?"

"He does indeed."

"And does he also decide who shall be professors in Harvard College, the Law School, the Divinity School, the Schools of Dental Medicine and of Public Health, the Graduate Schools of Arts and Sciences, Engineering, Education, and Business Administration, as well as in the Gray Herbarium, the Bussey Institution, the Arnold Arboretum, the Blue Hill Meteorological Observatory, and the Harvard Forest?"

"In effect he does."

"Is he a god?" Aesculapius inquired in a tone of awe.

There was a pause. I saw that I must choose my words carefully, for I was then still working for the university.

"That," I replied cautiously, "depends upon whose opinion you accept."

The light in the east was now intensely bright and steadily growing stronger.

"Just a question or two before I go. What are some of the great discoveries made in your medical school?"

"Well, there is ether."

"But I thought a doctor in a small southern town —" I held my finger to my lips.

"Yes, I know; the Massachusetts General Hospital. What else?"

"Well, there is appendicitis."

"But what in recent years?"

"The operation of splanchnicectomy to relieve high blood pressure, the fractionization of plasma, the use of liver in pernicious anemia —"

"Ah, there is something. It would not surprise me if that were what is wrong with Aphrodite. I must persuade Apollo to try some on her as soon as I return to Olympus. Vulcan, the old quack, has been feeding her iron filings thinking that her pallor was due to premenopausal bleeding."

"I see by the newspapers," he continued, "that scarcely a week goes by but what some child is rushed to The Children's Hospital, usually by airplane, in a most perilous condition. There are babies with upside down stomachs and those whose stomachs are inside out; there are blue babies, yellow babies, and green babies; and there are older children who have swallowed safety pins, and in fact toilet articles up to the size of a hair brush. I know how distasteful such publicity must be to The Children's Hospital and how mortifying it must be to its staff, but I suppose that in spite of all attempts to the contrary the news just leaks out."

"Yes," I replied, "it just leaks out."

"Let me ask you this," he resumed, "can any of your doctors at Harvard Medical School raise the dead?"

"Even the surgeons," I replied, "who always take a happy view of their own ability and seldom operate without saving the patient's life, would not claim that."

"I can, and I could do it when I was still a mortal. As a matter of fact I was so good at resurrection that practically nobody went to Hell. This annoyed Pluto so much that he complained to Zeus, who slew me with his thunderbolt, and that is how I became a god."

The light in the east now had grown to terrific intensity and was moving toward us rapidly. I could hear the rushing of air, the rattling of trace-chains, and the panting of the celestial horses. Suddenly an unearthly brilliance blinded me, and the voice of Aesculapius came down as he was swept upward.

"So long, son, so long."

(1955)

The Vapors Of



by George Crile, Jr. '33

I never have been subject to attacks of the vapors or so far as I know to any other manifestations of anxiety tension states; in fact I've rarely had anything to be anxious or tense about. But at 10 o'clock in the morning of November 3, 1955, the day after *Life* magazine hit the newsstands, I was at the meeting of the American College of Surgeons in Chicago and I found out how people with acute anxiety states feel. Sitting in my room at the Palmer House, reading, I suddenly developed a wonderful functional disease that made me throw down my book and run out of the room, convinced that I was going down with the *Titanic*.

I still don't know whether this was because I drank three cups of coffee for breakfast or whether it was the fault of Mr. Lord, the author of the book I was reading, *A Night to Remember*, which described the sinking of the *Titanic* in such vivid detail that even without the jitters you could feel the deck slanting under your feet and be sure that the noise of the traffic was the water rushing in. I don't think the attack was precipitated by nervousness about the Cine Clinic that I had to give that afternoon for I was used to things like that. And I doubt whether the fact that several distinguished surgeons had cussed me out for writing the article in *Life* had anything to do with my getting myself on the passenger list of the *Titanic*. I have been taken apart just as completely many times before and never had the boat go down. But down she went that morning and I barely got out of my cabin in time.

In retrospect, the cause of my transient dramatic disorder must have been the tension associated with the completion of the book, *Cancer and Common Sense*. It is astonishing, in the preparation of a book, how intense one can become and how obsessed with a single idea. During the year

that I was working on it, I had hardly had a moment that was not occupied with the problem of how to present to the public a philosophy about cancer. It must be this sort of stuff that keeps the medical profession busy with the treatment of functional disease.

I had had some major decisions to make, the most difficult of which was whether or not to publish the article in *Life*. A book might be read by a few thousand people but a magazine would reach millions. If it would be of any value to express my belief that overdiagnosis and overtreatment of cancer were just as dangerous as underdiagnosis and undertreatment, then an article in *Life* would be the best way to do it. I accepted *Life's* offer and had the check made out to the Research Division of the Cleveland Clinic.

In the next month I learned of the care with which responsible editors investigate what they publish. *Life's* editors first checked on the professional standing of the author, then their own scientific staff reviewed the article, then professional readers (in this case physicians, surgeons, and research workers) gave their opinions. When the editors had satisfied themselves that the manuscript was a fair presentation of one side of a controversial subject, they asked whether I preferred to write the article alone, to have their staff writers abstract the book, or whether I would prefer to collaborate with a staff writer. I elected to collaborate and asked *Life* to indicate the sections they thought would be most interesting to the public.

In a week a preliminary draft of about 7,000 words was prepared, 95 percent of it directly quoted from the book and fitted together with suitable transitions. I cut about 1,000 words, substituted another 1,000 and changed a few of the

transitions. Then a staff writer, the author of several successful novels and an editor with 10 years' experience on the editorial board of *Life* came to Cleveland and, word by word, we edited the manuscript.

Contrary to my expectations, the chief aim of the *Life* editor was to avoid the sensational and emotional approach. Time after time he pointed out phrases that might be misinterpreted by the public or which might evoke an undesirable emotional response. With flawless intuition he realized that the subject of cancer of the breast was highly controversial and suggested that in so far as possible it be eliminated. But one of the purposes of the article was to show the public that each cancer is an individual problem and that the most radical operation for cancer is not necessarily the best. I felt that the article should state frankly that the value of the conventional radical mastectomy as the standard treatment of cancers of the breast was not fully established and that simple mastectomy in some cases might have its place. We took the greatest care to emphasize that early diagnosis and adequate treatment were highly desirable. Yet, as predicted by the *Life* writer, it was this section which caused the sharpest reaction in the profession.

When the article was completed, the editor asked if I would like to have it commented upon by authorities in the field. This appealed to me as a fair way of presenting a controversial subject, but I had not anticipated what ensued.

At my suggestion, the American Cancer Society was among the first to receive a copy of the article. Despite the fact that the Society was mentioned only once, and then with the suggestion that there be continued support for its efforts to raise funds for basic research, the Society sent representatives to the editors of *Life* and tried to block publication. They could not refute the accuracy of the article, each sentence of which had been researched independently by *Life*, but here and there they criticized a phrase and many of these I was happy to change. I then called one of the chief executives of the Society, told him that I was astonished at the Society's reaction to what I thought was a carefully worded, middle-of-the-road article, thanked him for the suggested changes, and told him that I would be glad to work with him or any other representative of the Society on any further changes that he might suggest. I emphasized, however, that I would not retreat from my position of condemning the use of fear in the education of the public. He replied that the Society could not raise a lot of money without using fear. He did not accept my offer of further editorial change.

The American Cancer Society next sent telegrams to or

telephoned the AMA, the College of Surgeons, the Damon Runyon Fund, and others. Whether copies of the article were actually read by the representatives of the organizations who, at the Cancer Society's request signed their names to the statement, is a question I can't answer. I later learned that at least one of the signers had not read the article at the time he authorized the use of his signature. Another later told me, "The Cancer Society was making such a fuss about the thing that we just had to do something." The rebuttal that was published and signed by the various organizations was an emotional reaction that bore little relationship to what the article actually said. But the statements of the authorities who at *Life*'s request had given their individual opinions, whether pro or con, were thoughtful and well considered.

The editors of *Life* had told me that when they show a picture of a man killing jack rabbits or doing injury to an animal they are apt to get thousands of letters of protest, many more than follow similar actions of man against man. An average article may elicit 100 or more letters, an emotional article up to 1,000. Most letters are negative. The average person does not get stirred up enough to write unless it is to protest.

Life magazine and I received in all about 300 letters, 80 percent of which were favorable, 10 percent critical and 10 percent from crackpots. Most of these told about their cures for cancer, but one letter read as follows:

Dear Dr. Crile:

Read part of your article on cancer. You talk about the English airmen as brave. What about the U.S. Marines? What about the Russian airmen? The trouble with you is that you like England.

Very truly yours,

The article had been planned to avoid any appearance of offering a cure, and as a result, there were only two letters that requested consultation. Only eight or ten writers asked for a medical opinion. Most of the writers expressed gratitude for relief of anxiety. In one well-written letter, a woman said that until she read the article she had been afraid to seek treatment for a symptom that she thought might be due to cancer. "When I read your article," she said, "I walked, not ran, to my doctor, and I am happy to say that he found no sign of cancer."

On two occasions that I know of, I have been attacked in open meetings by surgeons in positions of high authority. "The place for such publications is in medical journals, not in *Life* magazine," they said.

I had expected this attack, but there was no way that I could have accomplished my purpose without making myself vulnerable to it. There was nothing new or original in the *Life* magazine article or in the book, nothing that physicians did not already know, and nothing that most of them did not agree with. No medical journal would be apt to publish a 7,000-word philosophical treatise on cancer. Perhaps they should and perhaps until better cures for cancers are found, we should try to teach the public a measure of acceptance and a philosophy that will help to conquer fear. But let me warn you — if your nerves aren't strong enough to sink quietly with the *Titanic*, don't write about cancer in a lay magazine.

(1956)

"I have been attacked in open meetings by surgeons in positions of high authority. 'The place for such publications is in medical journals, not in Life magazine,' they said."

WOMEN *at* HMS



Veritas, thy name is woman. Front row, left to right: Ladislav Dolores Wojcik, Doris Rubin Bennett, Edith Ann Schwartz, Martha Cairns Troutman, Marjorie Kirk McKusick; back row, left to right: JoAnn Tanner Taylor, Shirley M. Gallup, Edith Stone Taylor, Marcia Gordon Klein, Dora Benedict Goldstein, Raquel Eidelman Cohen, Idolene Hegeman. (Photo taken in September, 1945.)

The entrance of students to the Medical School is administered by an Admission Committee whose former chairman, Dr. Robert Morison, has left Boston to take up work under an appointment to the Rockefeller Foundation. His place as Chairman of the Committee has been taken by Dr. Lewis Dexter of the Department of Medicine at the Brigham.

Many new and perplexing problems face this committee, both as a result of the war and in planning for the peace. Not the least of these problems is succinctly stated in a vote of the President and Fellows of Harvard College, passed on June 5th, 1944, which allowed women to be admitted to the Harvard Medical School. The motion has been passed by the Board of Overseers and has become law.

This drastic and precedent-shattering move comes as the result of a

trend of thought pursued by members of the Faculty for some years. About one year ago, a favorable vote by the medical faculty was overruled by the Fellows. Now that opinion has changed, and the female Harvard medical student becomes a thing of the near future rather than a figment of the imagination.

Opinions range widely on the sagacity or inadvisability of this innovation. On the one hand, it is argued, many women have already gained a measure of immortality in American medicine; they have special abilities in certain clinical and experimental fields, and, no doubt, equal abilities in many medical pursuits where their presence has not yet been felt. Why exclude one segment of the population from a particular field of intellectual activity on the basis of sex?

The opponents maintain that

while women have considerable ability, each place taken in the Harvard Medical School by a woman represents a lost opportunity to a potential male physician, which is later wasted if, a few years after her graduation, the woman abandons medicine to raise her family. This, they argue, constitutes a net loss in educational investment. With the *per capita* investment in educational plant, equipment, and personnel so much greater in medicine than in any of the other professions, we should not invest it in a student who cannot carry forward the work for which she is trained.

Who is right? Only time and the Overseers will tell us; progress thrives on constant change and medicine has remained one of the few fields of endeavor still largely closed to women.

(1944)

Occasionally my daughter Susan, age nine, after overhearing one of my conversations with a harassed mother who won't believe that her Johnny will grow up to manhood even though he *doesn't* eat his vegetables, asks me, "Mom, why in the world did you become a doctor?" At that point, I'm apt to shake my head and echo, "Why, indeed?"

This leads me to a still more bewildering query — why do so many people ask me, "Why in the world did you become a doctor?" Are other "career women" so frequently confronted with this question? For instance, are they asked, "Why did you become a school teacher, or Miss Rheingold of 1961, or president of the League of Women Voters?"

For me, this type of question is almost unanswerable. A combination of familial influences in the formative years, professorial influences in college, and fortuitous circumstances group together into an answer which is far from succinct, and is, to the outsider, incomprehensible.

When we started medical school in 1945 — the first women to enter HMS — the upperclassmen were sure they knew the reason for which we were invading their sacred male domain — "to get husbands." After having themselves struggled through anatomy, physiology, and biochemistry, they should have known that there have been easier ways. The fact that we started as twelve unmarried, even unengaged, young women, and four years later seven of us were married — four to doctors — may seem at first glance to give credence to the upperclassmen's charge. I was the worst culprit, for I became the first woman to marry, and, horrors, I presumed to marry another Harvard medical student! Whether to assume my husband's name or maintain my maiden name presented a problem. When it was decided that I should become Bennett and relinquish Rubin (with its inevitable accompanying nickname of Billy), a new precedent was set at Harvard Medical School. Henceforth, all female medical students who married

in school assumed their husbands' last names.

Our first contacts with our medical colleagues left us with mixed emotions. Many of the upperclassmen, and some of the faculty, viewed the presence of women at Harvard as a disturbing upheaval of tradition. The upperclassmen subjected us during our first year to mild, but not always good-natured, hazing. We learned to our dismay that men were as gossipy as women, if not worse, and that cattiness was certainly not a female prerogative.

As we progressed through the basic sciences to physical diagnosis, and thence to clinical medicine, we became more secure in our relationship with our colleagues, and acceptance of



us as doctors did evolve. Once we entered upon internships and residencies, being women doctors no longer presented any great problem. Occasionally, however, some small incident would occur to make us realize that we did have our limitations. A good example occurred during my internship, when I was called to the accident room by the chief surgical resident to reduce a dislocated shoulder. The patient, a burly truck driver, lay on a cot. I was instructed to place my foot in his axilla and pull on his arm until I heard a snap — indicating that the dislocated humerus had returned to its socket. I followed instructions, pulling until a loud snap was heard. The resident and other interns present congratulated me. Only the patient and I knew that the shoulder was not reduced, but how could I explain to

the assemblage that the loud snap had been the noise of a garter dislocating from its girdle?

Now that I am practicing pediatrics my acceptance by colleagues and patients is quite complete. One of my favorite patients is a four-year-old girl, whose pediatrician I have been since her birth. I referred her to a male ophthalmologist, whom she confounded by saying, when she saw him for the first time, "He can't be a doctor — he's a man."

Despite the usual exasperating and, at times, nerve-racking aspects of pediatrics, I find the most gratifying relationship is with the mothers of my patients. I fear that in a majority of cases they have selected me as their pediatrician not because of my qualifications as a physician, but because I am a woman, a mother of two young children. They feel a sense of identification with me, and I with them. Not only can I tell them what to do in case of illness, prescribe medications, make diagnoses, etc., but I can tell them how I conquered certain problems in nursing, feeding, or washing diapers — helpful hints which carry authority because they come from both a doctor *and* a mother. Because of this empathy my patients are very considerate of me — rarely calling during the night or early in the morning, because they know I have to get my children off to school. It is interesting that, contrary to expectations, my husband, Warren, an internist, has far more phone calls at night than I.

Just as my patients benefit somewhat because I am a woman, so do my children benefit because I am a doctor. For instance, when I start to scold my daughters because they don't eat their vegetables, I remember my advice to the harassed mother whose Johnny wouldn't eat, and I desist, shrugging my shoulders and saying to myself, "Don't worry, they'll grow." The only one who insists he doesn't benefit from my practice of medicine is my husband, but then, as my mothers and I agree, "don't pay attention to husbands — they like to complain but they don't mean it." (1961)

Doris Rubin Bennett '49

FOLIE A DEUX

– OR –

I MARRIED A MEDICAL STUDENT

by Margen Penick

Being married to a medical student is not an easy thing. The medical student is a delicate, high-strung mechanism, which must be pampered, fed, clothed, and soothed at weird hours of the day and night. Sociologists comment dryly on the phenomenon of the married medical student, and how they marry in spite of long hours, short housing, no income, and hard work. I think it is time to look at this development from the opposite point of view: how in the world can medical students find girls who will marry them?

It happens in increasing numbers. Females continue to feel dreamy and heroic about weak-eyed, slump-shouldered medical aspirants, and determine to devote their lives to making his easier.

This is all very well, but in my experience, on 6½ days out of 7, the medical student doesn't notice that his life is being made easier. Wrapt in the mysteries of *Zuckerguslaber*, brooding over the beauties of *lymphogranuloma venereum*, he shovels in his supper, unaware of the hours spent alternating between a hot stove and a cold budget which produced this epicurean delight.

The medical student's mind loses its perspective, for it is bounded on one side by Goodman and Gilman and by Harrison on the other. If I suggest an evening out, Peter thinks of the library; an "evening in" means having three other medical students over to discuss internships for five hours, having already discussed them every Saturday night since the end of second year; if we invite non-medical friends we lose them, for no business school student enjoys hearing My Day at Mass. General.

Besides losing all your human friends, there are other dangers besetting one on all sides. For example, there is the well-known third-year hypochondriasis. I had been going happily along, taking care of the baby and humming in my usual housewifely way when I noticed that an enormous gloom had settled over our little home. Peter looked at me sadly and seriously instead of blankly. He stroked my head and muttered about term insurance. He became more and more noble and self-sacrificing — doing odd jobs about the house, answering his correspondence, and picking up his dirty clothes. He was so saintly and serious that I thought he might ascend at any moment when suddenly he found that he didn't have Hodgkin's disease after all. All that pal-pating of himself for nothing. Since he wasn't going to die, he immediately reverted to his normal self. However, I was left in a state of shaken nerves from two months of mysterious gloom and sudden personality shifts.

Another danger to the average medical wife is the literature lying about the house. I was pregnant for the first time, going happily along eating and sleeping and eating

and sleeping and eating, when I decided to improve my mind by reading Patten's *Embryology* which had graced our living room table for three months. After I finished the chapter on monsters, and had visions of producing *foetus in foetu* or *amelia*, I was in another state of nerves. Or take the dermatology book. A nice colored picture of *bullous pemphigus* is enough to furnish the laywoman with nightmares for a week.

Worst of all are the other medical students. Somehow they lose their sense of delicacy and appropriateness. Nothing is sacred. For instance there was the night my husband was elected a member of a medical club. We were sleeping peacefully when a horrible drunken racket started at the end of the street and came closer until it stopped right under our windows. We live in a tiny house on a tiny street in Cambridge, and when you stop under our windows, you also stop under the windows of all our neighbors who include various crabby oldsters of 50, a cop, a stockbroker, and a nervous maiden lady who works at the Fogg Museum. All the neighboring window-shades rolled up with indignant snaps as obscenities and foul language coupled with our name floated on the quiet, three o'clock-in-the-morning air. Peter of course didn't hear it and continued sleeping until I elbowed him into semi-consciousness. I tried to persuade him to go out and make a peace treaty with friends, perhaps giving them some wampum to go away. Peter grunted that we should just pretend to be asleep, and put his pillow over his head.

The war party outside was not daunted by our unresponsiveness, and bombed the house with beer cans, lighted a small fire in the street, and continued their shouting. Finally they decided to storm the fort. They went crashing about, pounding at walls and windows. Fortunately for the safety of the house, the back door gave way and we had a thundering herd pounding through the downstairs, milling around, opening the refrigerator and generally being

*"A nice colored picture of
bullous pemphigus is enough
to furnish the laywoman with
nightmares for a week."*

jolly. Then they came rushing up the stairs, and pounded on our bedroom door. At this point I had had enough, besides being a little nervous, and forced Peter out from under his pillow. There was a great shout of laughter as Peter slowly opened our door and appeared at the top of the stairs.

When convinced that his colleagues were not leaving without him, he dressed and went off to drink beer in the Cambridge City Dump and wasn't seen for the rest of the night. If he hadn't gone when he did I know we would have had eight happy clubmen in bed with us, because as I said, nothing is sacred, not even our boudoir.

As you can see, being married to a medical student has lots of drawbacks like losing all your staid, respectable old friends and taking on a shameless group who don't care what they say in front of your mother, and medical stu-

dents being so psychically delicate: the baby and I creep around the house for weeks before an exam, and Peter goes off pale and green in the morning, and then if he gets one point lower than his best friend I don't dare smile for a week because we are all sharing his sorrow. Not to mention all the things like medical students spending all their time either studying or at the hospital, and smelling like carbolic acid and ether in bed, and learning a gigantic vocabulary of unsociable words, and getting too familiar with the female frame.

It is not an easy job having to study the medical student so you can live with him — the material is inconsistent, unpredictable, irascible, and not really interested in any shadows of his former self, like his wife. As I said before, the sociologists should investigate why it is that so many medical students can find wives at all. (1957)

ANY PLANS FOR YOUR DAUGHTER?

A Message to the Alumni from the Harvard Medical Area Personnel Office

Have you ever thought of sending your daughter to Harvard — where she will get a pay check — better than Dad ever received here?

The Harvard School of Public Health, Harvard School of Dental Medicine, Harvard Medical School, and its affiliated hospitals are searching for bright young offspring of bright parents to help staff research laboratories. The only requirement is a B.S. or a B.A. degree with chemistry and biology. At the moment there are about 200 young college graduates acting as research assistants, and in addition attending seminars and auditing courses, plus getting 10 paid holidays off and four weeks' paid vacation. (It is rumored that the Personnel Office brags about the record number of marriages between employees and graduate students — even the busy, harassed medical student has been known to be distracted by the glamour he meets in the hospital corridors, not to mention in the HMS tunnel.)

For those not planning a career in the basic sciences there are opportunities in the administrative offices of the schools and hospitals where intelligence and good typing are all the



qualifications necessary. (Shorthand is helpful too, even in this age of electronics.) Most openings occur in July or September, but applications can be made at any time.

If your daughter is in college now, her placement director will be able to tell her all about opportunities at Harvard. In addition, Mrs. Marcia

Kinslow, Personnel Officer of the Harvard Medical Area, canvasses the colleges every year, and would be delighted to talk with any undergraduate who is interested in coming to Harvard. Your daughter can sign up for an interview or write to Mrs. Kinslow at 25 Shattuck Street, Boston 15, Massachusetts. (1957)

DR. VOGT, TONIGHT, IS PERHAPS STUDYING . . .

In the Magdeburgstrasse in Berlin
Alone in his laboratory (it is night)
Sits Vogt, his keen eyes peering through a tube
With lenses on both ends, his microscope . . .

Vogt sits peering (students come to him
While the world turns, the seasons change, men war).
Vogt sits, studies silently and waits,
Repeating it all intelligently again . . .

Of what he studies (the cortex of the brain)
Little, less than little, is clearly known;
But he knows that and struggles on alone,
Leading the rest who follow,
and tonight

Vogt sits trying to correlate a brain
With the life of the man it once controlled,

Lenin . . .
Merrill Moore

I WAS MISTAKEN

"Euclid alone has looked on beauty"—?

Really

That is surprising, I thought once that I
Of an April morning saw Beauty slowly die
As the dew was sucked up to the sun from between two hilly
Slopes enamelled with daisies and month-old leaves, —

Euclid was dust then, dust some thousand years
Irrevocably scattered, past recall by hands or tears,
Scattered and shut in waves and in barley sheaves.

Perhaps I was mistaken, I who see
Mortals wandering about like goldfish in bowls,
Tremendously torn by the elements, lip and jowls
Quivering with each step, who seem to be
The forgotten children of an unnamable band
Baffled and lost in wide, flat desolate sand.

Merrill Moore



ROBERT FROST ON MERRILL MOORE

‘Poetic Sympathy’

It was a life overflowing with poetic sympathy whether in or out of form. His professional treatments seemed on the principle of poetry toward all. He may have written too many of what it amused him to call sonnets. And then again he may not. Louis Untermeyer was saying the other day he may prevail by sheer force of numbers; and numbers is after all the old-fashioned name for poetry. It can't be expected that the hundred thousand pieces he tossed off and never looked back at will be taken without discrimination. Louis Untermeyer made a beginning on the formidable task. Already he and such admirers as John Crowe Ransom, Dudley Fitts, William Carlos Williams, and Theodore Morrison have penetrated to seeing the trees in the woods. He was one of John Ransom's remarkable children at Vanderbilt University.

Serious physician and serious artist, he had no notion of being taken lightly; still there was something of the rogue there that was a part of his great charm. He seldom more than cracked a smile. The first time he ever called me in on a case, and in fact the first time I ever met him, was thirty years ago after a big party at the St. Botolph Club. He had hardly asked if like a country swain he might see me home before he asked if he might use me for a visit at that hour of night at the house of a lady patient. It would do her a world of good to talk literary with me in particular at that hour of night. Anything once, I said. He briefed me; she was a case of wanting to try one more doctor to see if she couldn't be cured of not knowing how to write. It sounded hopeless. Wouldn't he just have to tell that girl to be good? As a last resort he might. I think he would rather tell her to be brave than good. Besides poetry he dispensed courage. Like the boys that go aloft to crash the sound barrier he was a rebuke

to the stupid give-it-ups who are willing to have it that heroism is out of date.

On a visit to Sanibel Island he had the bright idea of shovelling up from the beach with his own hands a ton or two of sea shells and shipping them North for his patients to sort out. I wish you could hear the disc recording of his speech about the therapeutic value of this exercise in beauty. Possibly he thought it would do us the same kind of good to sort out the poems he left. Anyway I know he wouldn't mind my saying so.

No praise would mean anything to him that forgot he was a poet. Poetry was his rapture. He could hardly say it without singing it. I remember an evening out for a ride with him weaving through the traffic when he recited all of "L'Allegro" and "Il Penseroso," and to round them off with almost the same gentle sweetness and delight, "The Ballad of the Revenge." On another evening he sang me somebody's setting of Omar. On another still in a cabaret he sang me and everybody present a long, long ballad of the World War (something he had picked up as Colonel in our Army in China) to the ukulele accompaniment of a handsome Italian South Sea islander from South Boston. The South Sea islander might have sung it himself but for the laws of Petrillo. Merrill carried it off like a troubadour.

I looked for him once at Squantum. He was out swimming in the ocean somewhere between here and Europe. I might have to wait for him an hour or so. He was a great swimmer. He struck out boldly the same in the water as in poetry. As I have said he dispensed courage as well as poetry. He had courage to spare — enough to go round. He was a soldier poet, a true Tyrtæus. (1938)

Robert Frost

THE THING ABOUT YAWS

by Robert M. Goldwyn '56



Today many of us are concerned about man and his dilemma. This century has witnessed a singular display of technical finesse and social awkwardness. We have succeeded in making contact with the moon 240,000 miles away yet we seem unable to communicate with one-quarter of the world population 10,000 miles away. The years of elaborate wars have unfortunately far exceeded the brief periods of peace.

Against this background of what sociologists have euphemistically called "the cultural lag," the physician does his work. Traditionally and ideally we in the medical and paramedical fields seek the prevention and elimination of disease and the prolongation and betterment of life. It was Ernest Hemingway who said, "The thing about yaws is to cure them." So also for us physicians, the thing about pain and pestilence is to do away with them.

In its broadest fulfillment, our role is a dual one: As scientists, we gather data and subsequently share this knowledge with both the medical and non-medical community in order to promote rational discussion and proper decisions. As clinicians, we treat individual patients at home and in the hospital. These are surroundings familiar to us and here society sanctions and urges our presence. But the significance of our efforts at the patient's bedside dwindles with the realization that a thermonuclear war would create more morbidity and mortality in minutes than physicians have overcome through centuries of doctor-patient relationships.

Unfortunately, we are often myopic when major non-medical problems confront the world. It is difficult for us to wrench ourselves free of the soporific security that comes with the routine of the laboratory, the office, or the wards. As scientists and clinicians, we have dunned the public with facts and warnings about the consequences of such things as high cholesterol diet, lack of exercise, and cigarette smoking.

But a war is being waged and we are threatened by an even larger conflict or at least a longer war. In war, the traditional role of the physician has been to patch up the wounded so that they may enter the fray once again. We have been dutiful *fonctionnaires* — and what we have done has been done well, as the record of war-time medical service can tell.

As any war progresses, the physician is soon drawn into certain activities that require him to think not only medically, but also nationally. His medical role may soon become subordinate to his country's political purposes. Unfortunately, this situation is not a novel one; we know it happened 30 years ago. Commenting upon the Nazi medical experience, an editorial in the *Journal of the American Medical Association* stated, "Perhaps most serious of all was the failure of German medical organizations and societies to express in any manner their disapproval of widely known experiments. Physicians have a right to expect that men trained in the traditions of medicine would refuse to participate in any way in such acts of inhumanity and these experiments were conducted under the highest authority of the German State. That cannot possibly be considered in

the slightest an extenuation of the failure of these physicians to act in accordance with the principles and traditions of their profession."

From the Nuremberg proceedings came a code of principles adopted by the World Medical Association in 1948. Two of the provisions were as follows: "I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient.

"I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity."

For the physician in 1966 the problems created by war have a new dimension. With chemical and biological weaponry and the sadistic refinements of psychological warfare, the doctor is no longer, even initially, on the sidelines. Whether in the field or in his laboratory, he is a combatant. Without the help and consent of the medical community, a country would have great difficulty in developing capabilities in these areas. Despite the engagement of our nation in the use of gas, herbicides, and, as recently reported, torture, the medical profession has shown remarkably little concern — a disappointing contrast to their noisy, enraged, and organized protest against another government activity — Medicare.

It is evident that medicine has advanced in an awesome fashion since its first stumblings. These gains have been won at too great a cost for us to end up as purveyors of pestilence and inflictors of pain. To prevent this from happening, each of us must extend his ethical commitment and be alert to the erosion of our values under the guise of expediency. To this task of enlarging our social responsibility, we bring certain advantages:

We possess important information.

We are generally respected by the community and if we present an opinion based on careful data, we will be listened to.

Because disease is universal, there exists a fellowship among physicians; we have the potential to cross frontiers, to communicate with colleagues in all countries including those which diplomats regard as inaccessible. We should be able to work with these doctors in persuading their governments to relinquish activities considered inhumane. Like all mortals, we must fight against our feelings of detachment and moral fatigue.

There is no alternative at this stage of evolution except to try. Only by trying can we hope to tease forth actions that will avoid our extinction — that will avoid undoing the accomplishments of thousands of years of civilization in a second of miscalculation. Like Sisyphus, the physician is used to toilsome tasks. Abraham Flexner, at the conclusion of his autobiography, recalled the bookplate that belonged to the historian Thomas Carlyle. It is as appropriate to our time as it was to his. The bookplate showed a lighted candle and beneath were the words, "I burn so that I may be of use."

FREUD



and the Porcupine

by George E. Gifford, Jr.

In 1909, before he left Europe to present a series of lectures on psychoanalysis at Clark University in Worcester, Sigmund Freud explained the *real* purpose of his trip. He was going to America to catch sight of a wild porcupine, *and* to lecture. Sandor Ferenczi and Carl Gustav Jung accompanied Freud and they spent the voyage analyzing each other's dreams. While in New York, the three visited the Metropolitan Museum, dined at Oscar Hammerstein's Roof Garden, and saw their first movie, complete with wild chasing scenes. Following the lectures in Worcester, Freud and his colleagues were invited to visit the Adirondack camp of Dr. James Jackson Putnam, professor of neurology at HMS.

It seems most appropriate that Freud and his followers should visit Putnam Camp because psychological questions had been discussed there for a quarter of a century. The Camp was formed in the mid-1870's by four Boston physicians: Henry P. Bowditch, the great psychologist; James Jackson Putnam; his brother, Charles P., a philanthropist and one of America's first pediatricians; and William James, the giant psychologist. Drawn together by their intellects, friendship, and family ties, they chose a spot surrounded

by magnificent landscape to discuss the "workings of the human mind and heart."

The Camp was in Keene Valley, New York, at the foot of Giant Mountain. A tract of hardwood forest extended up the mountainside, and a brook rushed through the towering trees to form two pools; one upper, where men could bathe in the limpid ice-cold water, and a lower, more hidden one, perfect for the women.

From accounts written by Elizabeth Putnam McIver in *Early Days at Putnam Camp*, it is not hard to picture the site, resplendent in its simplicity and rustic surroundings. Log cabins were fashioned out of the native materials, and set among the trees. The "Stoop" served as a parlor and library, and two sides of the cabin could be pushed out to provide the occupants with a glorious view of the landscape. The decor was rounded out by a kerosene stove, dwarfed by a huge fireplace and chimney, with large wooden beams crossed above it. Miss Annie Putnam burned a quotation from Horace into the beams, which translated, read: "This corner of the earth smiles to me above all others." Another portion of the Stoop was de-

signed to serve as a stage, and a piano or organ always graced that section of the room.

A dining room was added to another small cabin called the Farmhouse. Long and low, it was equipped with narrow tables placed end to end so that they formed a square. The central attraction in this room was a full suit of armor, created out of relics from a rubbish heap in a nearby pasture. The architect of this conglomeration was Dr. Edward Emerson, the son of Ralph Waldo. Mrs. McIver notes that the room was dubbed a "baronial hall" and it housed "Sir Guy Witherington Fitz-Bowditch Shantum, Sixth Baron Shantum, Fourth Viscount Putney's" battle regalia, complete with a shield, crossbow, and claymire. This chunk of whimsy has been housed in the dining room, or "baronial hall" of Putnam Camp ever since.

The meals at Putnam Camp were of the sort one dreams of. At 7:30 in the morning, coffee and hot milk were brought into the dining room. The mugs were huge, made of gay French china. Fresh bread, a loaf of graham and one of white, were set out with a dish of butter and a honey comb. The residents helped themselves as they pleased, seated by the stove or outdoors in the sunshine. But, this was only the first breakfast. A second meal followed at 11:30, and the group was brought together by the sound of an iron triangle hanging outside the kitchen door. The meal began with hot cereal, fresh cream, and maple sugar, made from the Camp's own sugar bush. "Dejeuner à la fourchette" (or Forky Breakfast) went on to include regular luncheon fare. Mrs. McIver writes that no one was prompt to the second breakfast, and the last to arrive at the table was greeted by a silly little song. We can presume that if Dr. Freud was late to Forky Breakfast, he would have had considerable difficulty translating the following into German:

*Little popsy-wopsy, chick a biddy clum
He shall have a pysie-wysie and a sugar plum
He shall yidey-pidey in a coachy woachy too
All around the parky warky
With a cockle doodle doo.*

At 7:00 in the evening, dinner was served. Everyone was fresh from a long afternoon climb in the mountains, or a jaunt to the brook. Oftentimes the residents of the Camp would outfit themselves in peasant costume from one country or another. Coffee was served first, followed by a meal as delicious as breakfast. Evenings were spent talking and singing, or telling stories. Each person was noted for a particular story, and was frequently asked to recite.

It was into this heady setting that Freud, Jung, and Ferenczi came. The Log Book, kept regularly by the residents at Putnam Camp, for September 16, 1909, reads: "Dr. James Putnam arrived from Boston — Louisa Richardson and Miss Annie Putnam and three foreign doctors came over from Lake Placid (on the 15th) . . ." The entry on September 17th notes: Harold Bowditch, Alfred Lowell, James, Jr., and Carl took Herr Jung up Haystack. It was a pleasant walk and on the way back from the Lakes, Alfred and Harold led off at a tremendous pace which Herr Jung called "record mania thoroughly American." At the end of this entry is a little song, written in Hungarian, followed by a translation. In the margin is written: "Ferenczi — Budapest."

*Rare (are) oats, rare (is) wheat and scarce is barley
Rare is the little girl who is pretty
See my maiden how charming she is
Tiny tiny not too tall
Hey little girl — tell this to your mother
If you were a wee bit taller
I would kiss you right away.*

No mention is made of Freud, who wrote his reactions in a letter to his family:

Putnam's Camp,
September 16, '09

Dear Ones,

It was four weeks ago today that I set out. This will probably be the last letter that arrives before I do. Of all the things that I have experienced in America, this is by far the most amazing. Imagine a camp in a forest wilderness situated something like the mountain pasture on the Loser [the Loser is a mountain near Alt Auser in the Austrian Alps where Freud and his family spent many a summer]. Stones, moss, groups of trees, uneven ground, which on three sides, runs into thickly wooded hills. On this land, a group of roughly hewn log cabins, each one, as we discover, with a name. One of them is called the Stoop and is the parlor where there is a library, a piano, writing desks, and card tables. Another, the "Hall of Knights" with amusing old objects, has a fire place in the center and benches along the walls, like a peasant dining room; the others are living quarters. Ours with only three rooms is called Chatterbox. Everything is left very rough and primitive but it comes off. Mixing bowls serve as wash bowls, china mugs for glasses, etc., but naturally nothing is lacking and is supplied in one form or another. We have discovered that there [are] special books on camping in which instruction is given about all this primitive equipment.

Our reception at half past two consisted of an invitation to take a walk up the nearest mountain where we had an opportunity of being acquainted with the utter wilderness of such an American landscape. We took trails and came down slopes which even my horns and hoots were not equal. [Freud's friends said jokingly that his excursions through wild forests were impossible, except with antlers.]

Fortunately it is raining today. There are many squirrels and porcupines in these woods, the latter are invisible so far. Even black bears are seen in the winter.

We had supper in the company of the ladies. One of the hostesses, a lady from Leipzig, is extremely affected. The unmarried sister of Dr. Putnam, a well-preserved lady of middle age, accompanied on the piano a young girl who sang English songs, and then Jung who sang German songs.

The Putnam family understands German, has often been to Germany and also Vienna. Ferenczi and I were taught an amusing board game by two young girls. [Kroconol] Amazing! This morning I sorely missed a barber for all I can do is comb my hair. Fortunately there is the greatest informality in dress, or at least so it seems. Breakfast was very original and plentiful. In short there will be much to tell you about. We shall start on the last lap of our journey, the day after tomorrow, going to New York, perhaps on the Hudson River. We expect to arrive in New York on the evening of the 18th. My love to you all. Only 14 days more!

Pa

But meanwhile Freud was still searching for his
(continued on page 50)

The week comes to Saturday: three p.m.; he is at home, alone, in bed. In residence because he has the duty and there is no other place to go, solitary because his family is vacationing at the river; he is bed-tired from traversing the tunnel of the day, the week, the month, the year.

One hour before he had finished a surgical schedule begun at eight a.m.; in the days of this week he had seen a host of patients in his office, had operated on alternate days, and had delivered only five babies. The paucity of births was neither an echo of the tenor of the times, nor was it attributable to the Pill or the intra-uterine device, nor was the practice small — it was enormous; as he became older, the deliveries were a duty largely carried out by his associates.

Lying down, he is weighted by the multiplication of days by seven to make weeks, by thirty to make months, three-hundred-sixty-five by fifty to make years.

He sleeps in an orderly, dis-

Exhausted, he sees none of this. The fatigue shutters the eye and wraps the mind in an almost impenetrable cocoon. It etches on facial lines, peaks the greying face, and even in the rubicund creates a pallor. It coexists with an inertia that makes breathing, sighing, walking, a Herculean task. Only by sleeping with a mind at ease, is it relieved; it is required that the sleep be uninterrupted. Lying naked except for shorts, he is like some vulnerable, sacrificial offering.

Five miles away, rhythmic stirrings, originating in a finality of multiplication, begin in the uterus of Agnes B.

She is a tall gypsy-like girl who easily adds the total of her years to nineteen, and with more difficulty, the lunar months to ten. Her complexion and eyes are clear, a physical characteristic found in women with whom a pregnancy is in physiological agreement. She is complacent, a freshman in education in Canton, single, at term.

quantity of material. His face bathed, he puts on the scrub suit hanging on the bathroom door, socks and shoes, and finally, a jacket.

Sighing and moaning, he mutters profanely. The diatribe is all inclusive; birth, life, and death. Driving, he arrives at the hospital entrance. The corridor to the elevator is long, the atmosphere dry, acrid, and hostile. Two floors up he leaves the elevator, passes the window, and enters the labor room.

He is grim and his greeting to the nurse is curt. Agnes B. is in bed, the edges of its sheets are neatly folded, the pillow precise; she is half naked in a hospital gown. They greet each other and he repeats the pertinent questions.

"When did you eat last?"

"At breakfast."

"Respiratory infections?"

"No."

"Is the baby active?"

"Yes."

"Unusual bleeding?"

THE TUNNEL

orderly room. Today it has had no housekeeping; the bed is unmade, the linen creased, the pillow confounded. There are scattered, unhung trousers, soiled shirts. The disorder is central; and over, under, and beyond the periphery of the bed with its scattered items is the even continuum of the blue floor, the white walls, and the echo-free ceiling.

The sliding doors of the garment closet are closed, the grinning apertures in the drawers of the built-in dresser rise to an alcove containing knickknacks and baby pictures. The rosewood desk has its cubby holes stuffed with papers. The perpendicular, seven-foot bookcase has its volumes neatly inserted.

The order is interrupted by the low table at the windows, crowded with journals and papers; outside there are leaning peonies and vertical gladioli at the front door entrance. The front lawn pines and the more distant elm and maple, together with the green perimeter of the hills, indenting the sky, reestablishes the symmetry.

At six p.m. her contractions are at two to three minute intervals; there is backache, pelvic pressure, a mucoid vaginal discharge.

On the fourth ring of Dr. Jackson's phone, he is awake. His response is Pavlovian; clutching the phone in his left hand, intruding it into his mind, he is half erect at the edge of the bed.

"Hello."

"Dr. Jackson?"

"Yes."

"This is Agnes B. I am having regular pains."

"Are you uncomfortable?"

"Yes."

"You should go to the hospital."

With the girl's name, his mind completes the summation; primipara, frank breech, borderline pelvis confirmed by X-ray.

From the interrupted sleep, nausea, slight reverse peristaltic contractions in his stomach, is added to his fatigue. Stumbling a little, he is in the adjacent bathroom retching a small

"No."

The plastic glove on, he examines the patient. Agnes B. is supine, legs spread-eagled; the exploring fingers lubricated by the antiseptic liquid and the froth of the patient's vaginal discharge, travel to the cervical opening (two fingers dilated). Probing the lateral pelvic walls and her belly confirms that the baby is still breech with both legs flexed alongside the abdomen. The breech is still high in the pelvis, no umbilical cord has prolapsed, the membranes are intact, the fetal heart is normal. He reminds the patient that if she does not make satisfactory progress in labor, a Caesarian section may be necessary.

He is more composed than before — but uneasy; the fatigue is present but diminished; the gastric stirrings still active. He writes orders for medication for the patient, sips some water which augments his pains, and tells the delivery room nurse he will be at home.

With the one and two of things, with the alpha and beta of things,

Agnes B. is reassured. She is apprehensive, but sustained by the presence of the doctor and nurses. The flow of the enema increases her contractions.

He returns home. He feels more secure there. He is away from the trial, and subject only to the thrust of responsibility and the invasion of the phone.

The house is dark and quiet and he would have some ease except for the intermittent pains in his stomach. He has not eaten since breakfast and is not hungry. He drowns but does not sleep. Three times the phone rings: the first query concerns the hazards of omitted contraceptive pills; the second a plea for an ointment to relieve dysparneunia; and to the third call, he provides a questionable reassurance for a menstrual period one week late. He muses bitterly that the world is a womb with all the consequences thereof.

Four a.m. Sunday: he has slept, restlessly and not well. Aroused by the

of fecal material. The bed is a disorder: soiled, the folded angles of the sheets are askew, the moist pillow changing shape with the tossing head.

The lubricated glove meets the fetal buttocks and scrotum; the mouth of the womb is non-existent. There is a penis and, as inverse as the disorder in things, it is extruded with each contraction.

The shroud is in the delivery room, the curtains shuttered. Scrubbing, he is not absolved by his ablutions, and masked and gowned, he stands compressed by the electrically heated bassinet, the instruments tray, the table with the paper drapes. The delivery room table is austere, sheets crisp and folded, no pillow. The walls of the room are blue-tiled to half the distance, and then white to acoustical dullness.

She is asleep: Penthrane, legs again spread-eagled, but in stirrups. He paints the lower abdomen as mad as any mural, he tinctures the

omega of the process, he is entirely preoccupied. The forceps guide through inlet, mid-pelvis, introitus; and limp, gray, mottled, face forceps-lined, the child is born. The machinery of respiration, quickly established, suffuses; the child loses its harlequin coloring and cries.

Dr. Jackson completes the amenities; cord divided and tied, afterbirth removed, perineum repaired. His cap, mask, and gown are deposited with the blood-stained drapes at the foot of the delivery table; and in the center, the sacrifice completed, is the naked Agnes B., white and sleeping. The child, eyes closed, breathes pale and quiet.

He is in the adjacent doctors' room; its bunks double-tiered, the sheets prim, pillows nicely positioned, and for warmth there are folded blankets. He is bent, smaller, wizened; the cramps are gone. He turns from the window with its new, early morning light and lying down, for some reason, prefers the dark. (1973)

JAMES A. FITZGERALD '43A

phone, he is informed that Agnes B. is "pushing." He lingers, queasy. The cocoon is thicker, the shroud envelopes the eye, the ear, the tongue, the gait. It is encompassing, limiting, dark inside; he is moistened by perspiration and the rhythm of the cramps begin again. He delays to evacuate a diarrheal stool, and dressed again, is enroute to the hospital.

It is hotter there, drier. The light over the emergency room is out and the corridor in the distance is dim. He follows the cavern to the further confines of the elevator and passes through two levels to the maternity floor. The walls converge to the labor room.

It is dimmer and noisier here than before. With each contraction, Agnes B. screams. The lesser rays of the gooseneck lamp haloes the deliquescent hair and face, the writhing countenance, the tumescent abdomen. The stronger rays bathe the engorged perineum flecked with moisture and meconium. Her anus gapes and with each contraction there is a tiny torrent

perineum, the thighs, the vulva, with the lipstick red of Zephiran. She is draped; to facilitate entrance and emergence, he divides the perineum. Allowed access, he titillates each posterior knee, till flexing, the infant's lower extremities become available to his grasp. On these he pulls urgently, directing the back to a dorsal position. The arms he frees from their position of salutation to parade dress. His forceps embrace the fetal head. He is gentle, artful, he has traveled this route many times before, and in the alpha and



FREUD

(continued from page 53)

porcupine. In the letter he wrote on September 16, he noted that porcupines were "invisible so far." He was to find his animal shortly thereafter.

Joseph T. Wearn '17 wrote:

Mrs. Wearn was assigned to take Freud on a mild climb and he appeared with climbing shoes and a staff. They started the climb up a rather gentle hill and had not gone very far before they were greeted by the smell of carion. As they proceeded the stench grew steadily stronger, so much so that Mrs. Wearn suggested that they turn and go downwind. Freud refused so they continued and at last came upon a bloated porcupine, long dead. Freud approached it, cautiously stuck his staff into it, then turned and announced, "It's dead."

Another visitor to the camp during Freud's visit, Miss Mary Lee, a cousin of Dr. Putnam, remembers the incident well. Miss Lee, 18 years old then, was given the responsibility of showing the visitors around the area. Though now 80, Miss Lee recalled she had wanted to show Freud, Jung, and Ferenczi the maple sugar camp. Dressed in a stiff straw

hat, and carrying a gold headed cane, Freud and company climbed a steep ridge, stumbling upon the porcupine. She remembers that a discussion of the animal's classification followed, adding that "he was not at all interested in the sugar camp." Miss Lee mentioned Freud's commenting upon the dress of American women, which was, at that time, bloomers and sailor blouses. Freud didn't seem to think that American women did much to make themselves attractive. All in all, Miss Lee felt that Jung, who spoke much better English, was "much more like folks."

Ernest Jones' biography of Freud gives an explanation of Freud's quest for the porcupine:

It was there, [Putnam Camp] that, greatly to Freud's satisfaction, they sighted a wild porcupine, on which incident hangs a tale. He had made the interesting observation that when faced with an anxious task, such as the present one of describing his startling conclusions to a foreign audience, it was helpful to provide a lightning conductor for one's emotions by deflecting one's attention to a subsidiary goal. So, before leaving Europe he maintained that he was going to America in the hopes of catching sight of a wild porcupine and to give some lectures. The phrase "to find one's porcupine" became a recognized saying in our circle. Having achieved his double purpose, he was ready to return home.

(1972)

ALUMNI NOTES

1919

Joseph P. Derby exclaims, "I am going on eighty-eight years of age and fear that the cost of living, especially medicine and hospitals, will be the death of me!!" He and his wife, Alberta, live at Heritage Hall in Agawam, but still retain their home in Springfield, Massachusetts.

1922

Hallowell Davis reports that he is still in good health and professionally active (one-third time) at Central Institute for the Deaf and Children's Hospital of St. Louis. **Richmond L. Moore** and his wife moved into a retirement home in October, and are doing fairly well, both still driving a car and getting about.

1923

"Greetings and best wishes," writes **Wilber P. Armstrong**. "We are now in Florida for the winter as we have been for the past five years, and are looking forward to seeing Ruth and **Randy Anderson** again this January. We are in the phone book and would enjoy seeing anyone who would be in the neighborhood!"

Lewis M. Hurxthal "just completed his reminiscences of the Lahey Clinic, first as the original medical man (1926-1966) and then as senior research associate until 1974. They were gratifying years of my professional life. Still in good health, but had to give up tennis in 1977 because of upper and lower lumbar disc operation."

1925

Joseph C. Masee reports that he is sorry to have missed the class reunion in June, but

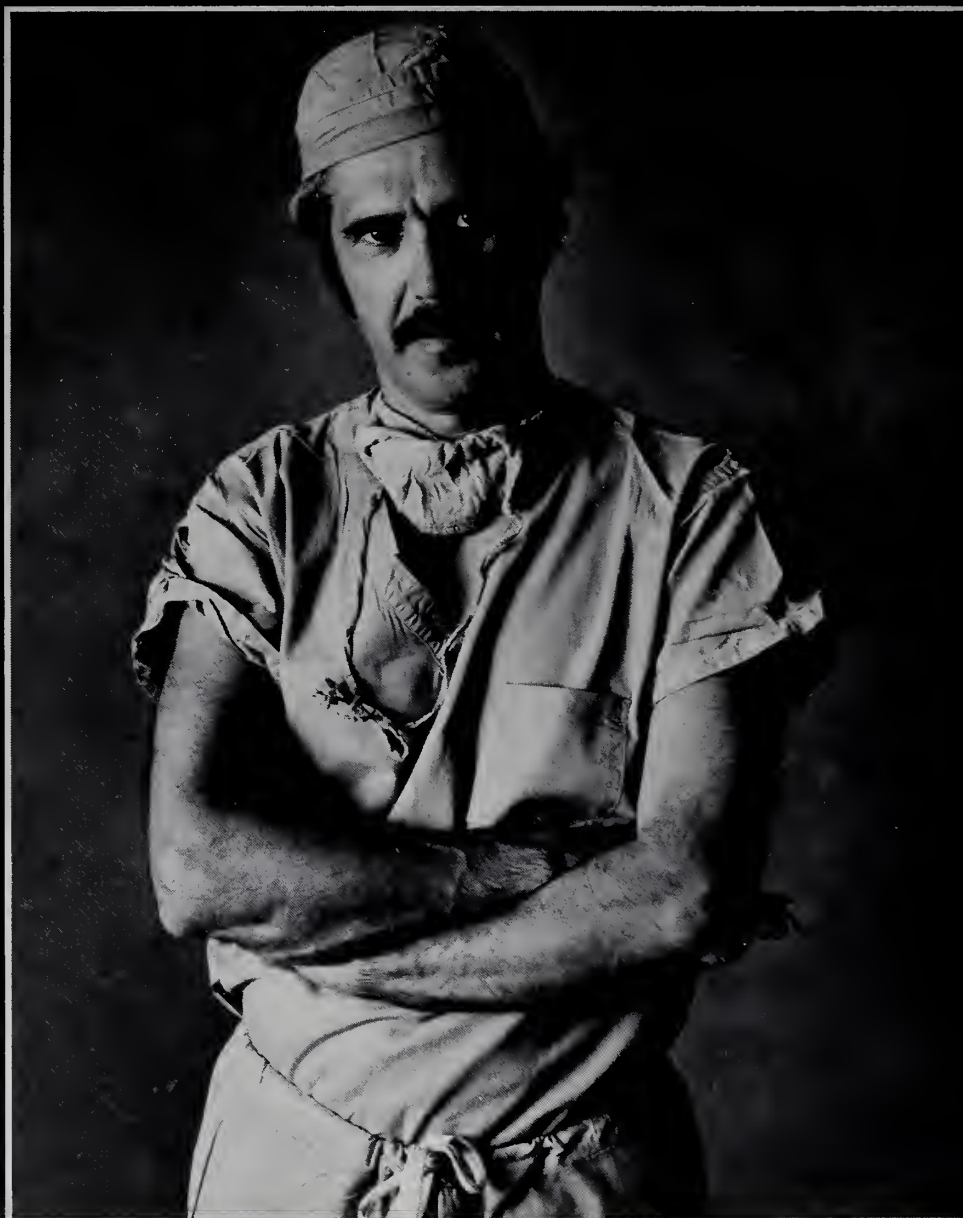
glad that "I can still be called a Harvard man and still be in active practice fifty-five years after graduation."

Latest news from **Howard A. Patterson** is "our grandchildren gave us a fine Golden Wedding Anniversary party last week. I am now retired — no office, no secretary!"

1926

Marion and Claude Forkner are "still functioning in spite of some of the minor attritions of growing older. I have just sent off to the publishers a rather comprehensive book for laymen on preventive medicine, dealing with over fifty common health hazards. For many years I have felt that medical practice has dealt almost exclusively with 'crisis medicine.' The result has been excessive costs. One of the reasons is that preventive medicine, for the most part, has been taught by academicians who are not the purveyors of clinical medicine. A change is indicated."

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